

## LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2018/09/11

### PERSONAL INFORMATION

1	Family Name <b>Kailley</b>	2	Given Name <b>Rahul</b>
3	Date of Birth (YYYY/MM/DD) <b>1991/03/26</b>	4	Student ID Number <b>100134056</b>
5	Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		CAQ Number	Expiry / /
6	Student's full mailing address		
P.O. Box Apt./Unit Street no. Street name <b>113 14th Ave S</b>			
City/Town <b>Cranbrook</b>		Country <b>Canada</b>	Province/State <b>BC</b> Postal Code <b>V1C2X1</b>

### INSTITUTIONAL INFORMATION

7	Full name of institution <b>Capilano University</b>		8	Designated learning institution number <b>O19280078102</b>	
9	Address of institution				
P.O. Box <b>LB 127</b>		Street no. <b>2055</b>	Street name <b>Purcell Way</b>		
City/Town <b>North Vancouver</b>		Province/ Territory <b>BC</b>	Postal Code <b>V7J 3H5</b>		
10	Telephone number <b>(604) 990 - 7914</b>	11	Fax number <b>(604) 983 - 7576</b>	12	Type of School/Institution <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
13	Website <a href="http://capilano.ca">capilano.ca</a>		14	Email <a href="mailto:inted@capilano.ca">inted@capilano.ca</a>	
15	Name of contact <b>Itzel Chavez</b>	Position <b>International Student Admissions Advisor</b>	Telephone number <b>(604) 986 - 1911</b>	Extension <b>7240</b>	
16	Name of alternate contact <b>Juliana Capalbo</b>	Position <b>International Student Admissions and Recruitment Assistant</b>	Telephone number <b>(604) 986 - 1911</b>	Extension <b>7429</b>	

### PROGRAM INFORMATION

17	Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours of instruction per week	18	Field/Program of Study <b>North American Business Management Applied Post Baccalaureate Diploma</b>	
19	Level of study <b>Post-Graduate</b>		20	Type of training program <input type="checkbox"/> Vocational <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other	
21	Exchange program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22	Estimated tuition fee for the first academic year <b>\$23,896 CAD</b> Fees prepaid: (\$5,000 deposit) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No		24	Internship/Work Practicum <input checked="" type="checkbox"/> Yes Length: <u>6 months</u> <input type="checkbox"/> No Field of work: _____ Student requires a Co-Op Work Permit.	
25	Conditions of acceptance specified as clearly as possible <b>N/A</b>				
26	Length of Program (YYYY/MM/DD) Start date: <u>2019/01/03</u> Completion date: <u>2020/12/31</u> or minimum four consecutive terms* of full-time studies		27	Expiration of letter of acceptance (YYYY/MM/DD) <u>2018/12/18</u>	
28	Other relevant information: *Program change: completion date is subject to approval from the <a href="#">Registrar's Office</a> . This is a two-year program that can be completed in four consecutive terms. This student is admitted to full time studies in an academic/professional program that leads to a degree, diploma or certificate and may therefore be eligible to work off campus and obtain a Social Insurance Number (SIN).				

Signature of institution representative:

Printed name of institution representative:

Itzel Chavez, International Student Admissions Advisor