



COQUITLAM COLLEGE

Established 1982

LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2018-09-13

PERSONAL INFORMATION

1	Family Name Moudgil		2	Given Name Tanveer	
3	Date of Birth (YYYY/MM/DD) 2000 / 08 / 07		4	Student ID Number 03185015	
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
			N/A		N/A / /
6	Student's full mailing address				
P.O. Box		Apt./Unit H No. 20924	Street no. No.13		Street name Ajit Rd.
City/Town Bathinda		Country India	Province/State Punjab		Postal Code 151001

INSTITUTIONAL INFORMATION

7	Full name of institution Coquitlam College		8	Designated learning institution number DLI#O19244321962	
9	Address of institution				
P.O. Box N/A		Street no. 516	Street Name Brookmere Ave.		
City/Town Coquitlam		Province/Territory BC	Postal Code V3J 1W9		
10	Telephone number 604 - 939-6633	Extension	11	Fax number 604 - 939-0336	12
					Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
13	Website www.coquitlamcollege.com		14		
			Email admissions@coquitlamcollege.com		
15	Name of contact Chris Rands	Position Vice-Principal	Telephone number 604 - 939-6633		Extension
16	Name of alternate contact Will Eckford	Position Principal	Telephone number 604 - 939-6633		Extension

PROGRAM INFORMATION

17	Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hours of instruction per week 12-15	18	Field/Program of Study Two-Year Associate of Arts Degree Program	
19	Level of study Post-Secondary		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 \$12,906.00 / 2 semesters Fees prepaid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> Yes Specify: <input checked="" type="checkbox"/> No		24			
			Internship/Work Practicum <input type="checkbox"/> Yes Length: <input checked="" type="checkbox"/> No Field of work:			
25	Conditions of acceptance specified as clearly as possible High School Graduation Applicant					
26	Length of Program (YYYY/MM/DD) Start date: 2019 / 01 / 07 Completion date: 2020 / 12 / 31		Or minimum 2 years of full-time studies	27	Expiration of letter of acceptance (YYYY/MM/DD) 2019 / 01 / 18	
28	Other relevant information: This program is offered under the written consent of the Ministry of Advanced Education effective September 2013 having undergone a quality assessment process and been found to meet the criteria established by the ministry. Nevertheless, prospective students are responsible for satisfying themselves that the program and the degree will be appropriate to their needs (for example, acceptance to potential employers, professional licensing bodies, or other educational institutional).					

Signature of institution representative (e.g., Registrar):

Printed name of institution representative: Serena Zeng