

LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2018/08/10

PERSONAL INFORMATION

1	Family Name Kokcha	2	Given Name Varun
3	Date of Birth (YYYY/MM/DD) 1992/02/28	4	Student ID Number 100137172
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 116, Mausam Appartment Pitam Pura			
City/Town Dehli		Country India	Province/State Postal Code 110034

INSTITUTIONAL INFORMATION

7	Full name of institution Capilano University		8	Designated learning institution number O19280078102	
9	Address of institution				
P.O. Box LB 127		Street no. 2055	Street name Purcell Way		
City/Town North Vancouver		Province/ Territory BC	Postal Code V7J 3H5		
10	Telephone number (604) 990 - 7914	11	Fax number (604) 983 - 7576	12	Type of School/Institution <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
13	Website capilano.ca		14	Email inted@capilano.ca	
15	Name of contact Juliana Lee	Position International Student Admissions Advisor	Telephone number (604) 983 - 7539	Extension	
16	Name of alternate contact Juliana Capalbo	Position International Student Admissions and Recruitment Assistant	Telephone number (604) 986 - 1911	Extension 7429	

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 North American Business Management Applied Post Baccalaureate Diploma	
19	Level of study Post-Graduate		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 \$23,896 CAD	
			Fees prepaid: (\$5,000 deposit) <input checked="" type="checkbox"/> Yes <input 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: 6 months <input type="checkbox"/> No Field of work: Student requires a Co-Op Work Permit.	
25	Conditions of acceptance specified as clearly as possible N/A				
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: 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: Juliana Lee, International Student Admissions Advisor