## LETTER OF ACCEPTANCE

PERSONAL INFORMATION				Date (YYYY/MM/DD): 2018-08-01		
1 Family Name			2 Given Name			
Madaan			Gurpreet			
3 Date of Birth (YYYY/MM/DD)			4 Student ID Number			
2000 / 01 / 13				02191020		
5 Certificat d'acceptation du Québec (CAQ) or Ministère de				l'Immigration, Diversité et Inclusion (MIDI) letter		
Yes No			CAQ Number N/A Expiry N/A / /			
6 Student's full mailing address						
P.O. Box			Street no. Street name			
			VI	VPO Mammu Khera Khatwan		
City/Town				Province/State Postal Code		
Fazilka	rilka India		Pt	Punjab 152123		
INSTITUTIONAL INFORMATION						
7 Full name of institution Coquitlam College			B Designated learning institution number DLI#O19244321962			
9 Address of institution						
P.O. Box	Andre is		Street Name			
N/A	516		Brookmere Ave.			
City/Town	1		Postal Code V3J 1W9			
Coquitlam	BC		-			
10 Telephone number Extens	sion 11	Fax number	12	Type of School/Institution Public Private	1	
604 939-6633		604 939-0336	ļ			
13 Website			14 Email			
www.coquitlamcollege.com			admissions@coquitlamcollege.com			
15 Name of contact	AN INDEX ON AN AN AN AN		1	ephone number	Extension	
Chris Rands  16 Name of alternate contact	Vice-Principal Position		-	604 939-6633	Futurain	
Will Eckford			Telephone number Extension 604 - 939-6633			
				004 939-0033		
PROGRAM INFORMATION						
17 Academic status Hours of instruction per week			18   Field/Program of Study Two-Year Associate of Arts Degree Program			
9 Level of study			20 Type of training program			
Post-Secondary			Vocational Academic Professional Other			
1 Exchange program			22			
Yes No				\$12,859.00 / 2 semesters Fees prepaid: Yes No		
23 Scholarship/Teaching assistantship/Other financial aid:			24 Internship/Work Practicum			
Yes Specify:			Yes Length:			
No				No Field of work:		
25 Conditions of acceptance specified as clearly as possible						
High School Graduation Applicant						
Length of Program (YYYY/MM/DD)			27	27 Expiration of letter of acceptance (YYYY/MM/DD)		
Start date: 2019/01/07				2019 / 01 / 18		
Completion date: 2020 / 12 / 31 years of full-time studies					1	
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						

PHONE: 604-939-6633 ◆ FAX: 604-939-0336 516 BROOKMERE AVE., COQUITLAM, B.C., CANADA V3J 1W9