



## Letter of Acceptance

### PERSONAL INFORMATION

April 18, 2018

|                                                                                                                                                                                               |                                       |                                          |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|------------------------------------------|
| <b>1. Family Name</b><br>-                                                                                                                                                                    |                                       | <b>2. Given Name</b><br>SUKHWINDER SINGH |                                          |
| <b>3. Date of Birth (YYYY/MM/DD)</b><br>1994-05-20                                                                                                                                            |                                       | <b>4. Student ID Number</b><br>A1852     |                                          |
| <b>5. Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                       | <b>CAQ Number</b><br>N/A                 | <b>Expiry</b><br>N/A                     |
| <b>6. Student's full mailing address</b>                                                                                                                                                      |                                       |                                          |                                          |
| <b>P.O. Box</b><br>PO ABIANA KALAN                                                                                                                                                            | <b>Apt./Unit</b><br>VILL ABIANA KHURD | <b>Street no.</b>                        | <b>Street name</b><br>TEH ANANDPUR SAHIB |
| <b>City/Town</b><br>ROPAR                                                                                                                                                                     | <b>Country</b><br>INDIA               | <b>Province/State</b><br>PUNJAB          | <b>Postal Code</b><br>140119             |

### INSTITUTIONAL INFORMATION

|                                                            |                                               |                                                                                                                      |                         |
|------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>7. Full name of institution</b><br>PACIFIC LINK COLLEGE |                                               | <b>8. Designated learning institution number</b><br>O19394451662                                                     |                         |
| <b>9. Address of institution</b>                           |                                               |                                                                                                                      |                         |
| <b>P.O. Box</b>                                            | <b>Street no.</b><br>201-10090                | <b>Street Name</b><br>152 STREET                                                                                     |                         |
| <b>City/Town</b><br>SURREY                                 | <b>Province/Territory</b><br>BRITISH COLUMBIA | <b>Postal Code</b><br>V3R 8X8                                                                                        |                         |
| <b>10. Telephone number</b><br>604-439-9255                | <b>11. Fax number</b><br>N/A                  | <b>12. Type of School/Institution</b><br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE |                         |
| <b>13. Website</b><br>WWW.PLVAN.COM                        |                                               | <b>14. Email</b><br>INFO@PLVAN.COM                                                                                   |                         |
| <b>15. Name of contact</b><br>TARUN KHULLAR                | <b>Position</b><br>VICE PRESIDENT             | <b>Telephone number</b><br>604-439-9255                                                                              | <b>Extension</b><br>104 |
| <b>16. Name of alternate contact</b><br>ISAAC OOMMEN       | <b>Position</b><br>PROGRAM HEAD               | <b>Telephone number</b><br>604-439-9255                                                                              | <b>Extension</b><br>102 |

### PROGRAM INFORMATION

|                                                                                                                                                             |                                                    |                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>17. Academic Status</b><br><input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME                                              | <b>Hours of instruction per week</b><br>20 HR/WEEK | <b>18. Field/Program of Study</b><br>POST GRADUATE DIPLOMA: DIGITAL MEDIA STUDIES<br>MANAGEMENT SCIENCE                                                                                      |  |
| <b>19. Level of study</b><br>DIPLOMA                                                                                                                        |                                                    | <b>20. Type of training program</b><br><input checked="" type="checkbox"/> VOCATIONAL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER |  |
| <b>21. Exchange Program</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                          |                                                    | <b>22. Estimated tuition fee for the first academic year</b><br>\$7250<br>Fees prepaid: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |  |
| <b>23. Scholarship/Teaching assistantship/Other financial aid:</b><br><input type="checkbox"/> YES SPECIFY: _____<br><input checked="" type="checkbox"/> NO |                                                    | <b>24. Internship/Work Practicum</b><br><input checked="" type="checkbox"/> YES LENGTH: 39 WEEKS<br><input type="checkbox"/> NO FIELD OF WORK: PROGRAM RELEVANT                              |  |
| <b>25. Conditions of acceptance specified as clearly as possible</b><br>ALL CONDITIONS OF ACCEPTANCE HAVE BEEN MET.                                         |                                                    |                                                                                                                                                                                              |  |
| <b>26. Length of Program (YYYY/MM/DD)</b><br>Start date: 2018-08-13<br>Completion date: 2020-05-30<br>Or minimum ____ years of full-time studies            |                                                    | <b>27. Expiration of letter of acceptance (YYYY/MM/DD)</b><br>2018-10-13                                                                                                                     |  |
| <b>28. Other relevant information</b><br>N/A                                                                                                                |                                                    |                                                                                                                                                                                              |  |

Institution Representative: **Tarun Khullar**  
Vice President

Signature: