



Letter of Acceptance

Date (YYYY/MM/DD) 2018-10-24

PERSONAL INFORMATION

1	Family Name Sohan		2	Given Name Sonia Rani	
3	Date of Birth (YYYY/MM/DD) 1990/04/26		4	Student ID Number 1156190	
5	Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter ☐ Yes ☒ No				
			CAQ Number		Expiry / /
6	Student's full mailing address				
		Apt./Unit	Street no.		Street name Patroklou 3
City/Town Vathi Avlidas		Country Greece	Province/State Chalkis		Postal Code 34100

INSTITUTIONAL INFORMATION

7	Full name of institution Collège Canada		8	Designated learning institution number (# DLI O19338447695)		
9	Address of institution					
P.O. Box		Street no. 1118	Street Name Sainte-Catherine West, suite 403			
City/Town Montreal		Province/Territory QC	Postal Code H3B 1H5			
10	Telephone number (514) 868-6262	Extension	11	Fax number (514) 868 -8609	12	Type of School/Institution ☐ Public ☒ Private
13	Website www.collegecanada.com		14			Email info@collegecanada.com
15	Name of contact Nora Nesnas	Position Registrar	Telephone number (514) 994 - 0554		Extension	
16	Name of alternate contact Dainn Van Doorne Legris	Position Coordinator	Telephone number (514) 868 - 6262		Extension	

PROGRAM INFORMATION

17	Academic status ☒ Full-time ☐ Part-time	Hours of instruction per week 20 hours	18	Field/Program of Study Business Administration and Commerce	
19	Level of study Attestation d'études collégiales		20	Type of training program ☐ Vocational ☐ Academic ☐ Professional ☒ Other ACS	
21	Exchange program ☐ Yes ☒ No		22	Estimated tuition fee for the first academic year \$11625 CAD Fees prepaid: ☐ Yes ☒ No	
23	Scholarship/Teaching assistantship/other financial aid: ☐ Yes Specify: _____ ☒ No		24	Internship/Work Practicum ☒ Yes Length: Internship: 8 weeks ☐ No Field of work: Marketing	
25	Conditions of acceptance specified as clearly as possible The student meets the admission requirements for the program.				
26	Length of Program (YYYY/MM/DD) Start date: 2019-01-21 Completion date: 2020-05-21 Or minimum ____ years of full-time studies		27	Expiration of letter of acceptance (YYYY/MM/DD) 2019-01-21	
28	Other relevant information:				

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

Printed name of institution representative: **Nora Nesnas**

