



COQUITLAM COLLEGE

Established 1982

LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2018-08-13

PERSONAL INFORMATION

1	Family Name Singh	2	Given Name Harpreet
3	Date of Birth (YYYY/MM/DD) 1998 / 03 / 29	4	Student ID Number 02185551
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 N/A Expiry N/A / /		
6	Student's full mailing address		
P.O. Box		Apt./Unit	Street no.
City/Town Patiala		Country India	Province/State Punjab
		Street name H. No 68, Near Children	Postal Code 147001
		Street name Park, Police Lines	

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
16	Name of alternate contact Will Eckford	Position Principal	Telephone number 604 - 939-6633
		Extension	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 \$13,000.00 / 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 Mature Student			
26	Length of Program (YYYY/MM/DD) Start date: 2019/01/07 Or minimum 2 years of full-time studies Completion date: 2020/12/31		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