Date (2018/10/30): PERSONAL INFORMATION

PERSONAL INFORMATION					
1 Family Name			2 Given Name		
Shelly			Nipun		
3 Date of Birth (YYYY/MM/DD)			4 Student ID Number		
2000/05/24			2019004313		
5 Certificat d'acceptation du Quebe	ec (CAQ) or Ministère de l'Immigratio	on, Diversité et Inclusion (MIDI) lette	r	
Yes □ No □ CAQ Number N/A			Expiry (YYYY/MM/DD) N/A		
6 Student's full mailing address					
P.O. Box	Apt./Unit		Street no.	Street name	
N/A	N/A		H. No. 129	Pardesi Street No. 2	
City/Town	Country		Province/State	Postal Code	
Dohara, Teh Payal, Khanna	India		N/A	141421	
(Ludhiana), Punjab					
INSTITUTIONAL INFORMATION					
7 Full Name of Institution			8 Designated learning institution number		
CORPUS CHRISTI COLLEGE			O19280180922		
Address of institution					
P.O. Box	Street no.		Street Name		
N/A	5935		IONA DRIVE		
City/Town	Province/Territory		Postal Code		
VANCOUVER	BC		V6T 1J7		
10 Telephone number Extension Fax number		12 Type of School / Institution			
(604) 822-6862 (604) 822-4659			PRIVATE		
13 Website			14 Email		
www.corpuschristi.ca			registrar@corpuschristi.ca		
15 Name of contact	Position		Telephone number Extension		
Emil Canlas	Associate Registrar		(604) 822-6862	104	
16 Name of alternate contact	Position		Telephone number	Extension	
Annelise Olivares	Admi	ssions & Financial Aid Officer	(604) 822-6862	124	
PROGRAM INFORMATION					
17 Academic status				18 Field/Program of Study	
☐ Full-time ☐ Part-time	Full-time Part-time A minimum of 9 hours		Associate of Arts		
19 Level of study			20 Type of training program		
First Year			Academic		
21 Exchange Program ☐ Yes ☐ No			22 Estimated tuition fee for the first academic year\$14,940CDN Fees pre-paid: Yes □ No ₩		
23 Scholarship/Teaching assistance/Other financial aid:			24 Internship/Work Practicum		
N/A			N/A		
25 Conditions of acceptance specified as clearly as possible					
Payment of \$3000CDN registration deposit, enrolment in a minimum of 3 courses per semester, remain in good					
academic standing (CGPA of					
26 Length of Program (YYYY/MM/DD)			27 Expiration of letter of acceptan	ice (YYYY/MM/DD)	
Start date: 2019/01/02			2019/04/30		
Completion date: N/K					
Or minimum2 years of full-ti	ma stur	łv			
28 Other relevant information:					
Signature of institution representative (e.g., Registrar):					
Printed name of institution representative:					