

LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2018/12/21

PERSONAL INFORMATION

1	Family Name		2	Given Name Renu	
3	Date of Birth (YYYY/MM/DD) 1994/03/30		4	Student ID Number 100141081	
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	Expiry / /	
6	Student's full mailing address				
P.O. Box Apt./Unit Street no. Street name HNo 2744, Sarwan Park, Rahon Road Basti Jodhewal					
City/Town Ludhiana		Country India		Province/State	Postal Code 141007

INSTITUTIONAL INFORMATION

7	Full name of institution Capilano University		8	Designated learning institution number O19280078102	
9	Address of institution				
P.O. Box LB 127		Street no. 2055		Street name Purcell Way	
City/Town North Vancouver		Province/ Territory BC		Postal Code V7J 3H5	
10	Telephone number (604) 990 - 7914		11	Fax number (604) 983 - 7576	
12	Type of School/Institution <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private				
13	Website capilano.ca		14	Email inted@capilano.ca	
15	Name of contact Viera Adamec	Position International Student Admissions Advisor		Telephone number (604) 986 - 1911	Extension 7431
16	Name of alternate contact Juliana Capalbo	Position International Student Admissions and Recruitment Assistant		Telephone number (604) 986 - 1911	Extension 7429

PROGRAM INFORMATION

17	Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		18	Field/Program of Study Business Administration Diploma	
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 \$18,654 CAD 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 N/A				
26	Length of Program (YYYY/MM/DD) Start date: <u>2019/05/06</u> Completion date: <u>2021/04/30</u> or minimum 2 years of full-time studies		27	Expiration of letter of acceptance (YYYY/MM/DD) <u>2019/05/01</u>	
28	Other relevant information: This student is admitted to full time studies in an academic/professional program that leads to a degree, diploma or certificate and may therefore be eligible to work off campus and obtain a Social Insurance Number (SIN).				

Signature of institution representative: _____

Printed name of institution representative: _____

Viera Adamec, International Student Admissions Advisor