

## Letter of Acceptance

### PERSONAL INFORMATION

October 31, 2019

<b>1. Family Name</b> KRISHNANKUTTY NAIR		<b>2. Given Name</b> VISHAK	
<b>3. Date of Birth (YYYY/MM/DD)</b> 1998-02-19		<b>4. Student ID Number</b> A3076	
<b>5. Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAQ Number N/A	Expiry N/A
<b>6. Student's full mailing address</b>			
P.O. Box	Apt./Unit 100	Street no.	Street name NIAGARA COLLEGE BLVD
City/Town WELLAND	Country CANADA	Province/State ONTARIO, CA	Postal Code L3C 7L3

### INSTITUTIONAL INFORMATION

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

### PROGRAM INFORMATION

<b>17. Academic Status</b> <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<b>Hours of instruction per week</b> 20 HR/WEEK	<b>18. Field/Program of Study</b> BUSINESS HOSPITALITY MANAGEMENT ADVANCED DIPLOMA	
<b>19. Level of study</b> DIPLOMA		<b>20. Type of training program</b> <input checked="" type="checkbox"/> VOCATIONAL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER	
<b>21. Exchange Program</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>22. Estimated tuition fee for the first academic year</b> \$5700 Fees prepaid: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>23. Scholarship/Teaching assistantship/Other financial aid:</b> <input type="checkbox"/> YES SPECIFY: _____ <input checked="" type="checkbox"/> NO		<b>24. Internship/Work Practicum</b> <input checked="" type="checkbox"/> YES LENGTH: 39 WEEKS <input type="checkbox"/> NO FIELD OF WORK: PROGRAM RELEVANT	
<b>25. Conditions of acceptance specified as clearly as possible</b> ALL CONDITIONS OF ACCEPTANCE HAVE BEEN MET.			
<b>26. Length of Program (YYYY/MM/DD)</b> Start date: 2019-11-18 Completion date: 2021-07-09 Or minimum ____ years of full-time studies		<b>27. Expiration of letter of acceptance (YYYY/MM/DD)</b> 2020-01-18	
<b>28. Other relevant information</b> N/A			

Institution Representative: **Tarun Khullar**  
Vice President

Signature:

