

June 22, 2023

Student ID #234-3621

Thuvaraka Nithunshan 8378 167 ST SURREY, BC V4N 6A7 CANADA

Dear Thuvaraka Nithunshan,

The Directors and Faculty of LaSalle College Vancouver have reviewed your application for enrolment in the Associate of Arts Degree program starting July 03,2023. You have been accepted provided you submit An original high school transcript in English including your graduation date.

We will be forwarding registration and orientation day information to you prior to your start date. Please advise us of any change in address prior to this date. If you have any questions, please contact Deepika Nayyar, Admissions Advisor.

Congratulations! We look forward to welcoming you!

Sincerely,

Karen Kiely Registrar





June 22, 2023

| | | | | JOHO 22, 2020 |
|---|-------------------------------|---|-------------|------------------------|
| 1. Family name: | | 2. Given Name: | | |
| Nithunshan | | Thuvaraka | | |
| 3. Date of birth: | | 4. Student ID number: | | |
| 1995-06-11 | | 234-3621 | | |
| 6. Student's full mailing address: | | | | |
| 8378 167 ST, | | | | |
| SURREY, BC, CANADA V4N 6A7 | | | | |
| 7. Name of school/institution (indicate private or public): | | 8. Designated learning institution number: | | |
| LaSalle College Vancouver | | O19275426742 | | |
| 9. Address of Institution: | | | | |
| P.O. Box: | Street No.: 2665 | Street Name: | RENFREW ST | REET |
| City Town: VANCOUVER | Province/Territory BC | Postal Code | V5M 0A7 | |
| 10. Telephone number: | 11. Fax Number: | 12. Type of School / Institution: | | |
| 778-373-8904 | 604-684-8839 | Public | Private | |
| 13. Web site: www.lasallecollegevancouver.com 14. Email: kkiely@lasalleco | | collegevancouver.com | | |
| 15. Name of contact: | Position: | Telephone num | ber: | Extension: |
| Corrie Heringa | Chief Academic Officer | 778-3 | 73-9045 | |
| 16. Name of contact: | Position: | Telephone num | ber: | Extension: |
| Karen Kiely | Registrar | 778-3 | 73-8927 | |
| 17. Academic Status | Hours of Instruction per week | 18. Field / Progr | am of Study | |
| Full Time Part time | 16 | Associate of Arts | | |
| 19. Level of Study: | | 20.Type of training program: | | |
| Degree | | ☐ Vocational ☐ Academic ☐ Professional ☐ Other | | |
| 21. Exchange program: | | 22. Estimated tuition fee for the first academic year | | rst academic year |
| | | CDN S | 16,200 | Fees prepaid: X Yes No |
| Yes No | | | | CDN \$ 3,260.00 |
| 23. Bursary | | 24. Internship / Work Practicum | | |
| Term 1 bursary awarded and included in field 22. Pre-approved for bursaries for consecutive terms if student maintains a min. | | Yes Length: | | |
| CGPA and course load. Est. tuition fee for the first academic year would be | | No Field | or work. | |
| adjusted to \$9,000 instead of \$ | | | | |
| 25. Conditions of acceptance specified as clearly as possible: | | | | |
| An original high school transcript in English including your graduation date | | | | |
| 26. Length of Program (MM/DD/YYYY) | | 26. Expiration Letter of acceptance (MM/DD/YYYY) | | |
| Start date: 7/3/2023 | | 7/13/2023 | | |
| Completion date: 12/22/2024 | | | | |
| 27. Name and Signature of institution representative: | | | | |
| Hiely | | | | |
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