

PERSONAL INFORMATION

Date (YYYY/MM/DD): May 14, 2024

1	Family Name		2	Given Name JASHANPREET SINGH	
3	Date of Birth (YYYY/MM/DD) 2004/05/03		4	Student Id Number VT2405469	
5	Certificat d'acceptation du Quebec (CAQ) or Ministere de l'Immigration, Diversite 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
			92		GLORIA STREET
City/Town KITCHENER		Country CANADA	Province/Territory ON		Postal Code N2R 0R3

INSTITUTIONAL INFORMATION

7	Full Name of Institution Academy of Learning College		8	Designated Learning Institution Number O19859544417		
9	Address of Institution					
P.O.Box 1000, 10th floor		Street No. 401	Street Name BAY STREET			
City/Town TORONTO		Province/Territory ON	Postal Code M5H 2Y4			
10	Telephone Number (416)969-8845	Extension -	11	Fax Number (416)969-9372	12	Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
13	Website WWW.AOLTORONTO.COM		14	Email: INFO@AOLTORONTO.COM		
15	Name of Contact Chamara Perera	Position Regional Director	Telephone Number (416) 969-8845		Extension 222	
16	Name of Alternate Contact Harit Gaba	Position International Admissions Manager	Telephone Number after 6pm to 9am (416-640-2296)			

PROGRAM INFORMATION

17	Academic Status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours of Instruction Per Week 20	18	Field/Program of Study Business Administration	
19	Level of Study Diploma		20	Type of Training Program <input checked="" type="checkbox"/> vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> other_____	
21	Exchange Program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22	Estimate tuition Fee for the First Academic Year Fees Amount: \$17,050.00 Fees Prepaid: <input checked="" type="checkbox"/> Yes	
23	Scholarship/Teaching assistantship/Other Financial Aid: <input type="checkbox"/> Yes Specify: _____ <input checked="" type="checkbox"/> No		24	Internship/Work Practicum <input checked="" type="checkbox"/> Yes Length: <u>40 weeks</u> <input type="checkbox"/> No Field of Work: <u>Business</u>	
25	Conditions of Acceptance Specific as Clearly as Possible N/A				
26	Length of Program (YYYY/MM/DD) Start date: <u>May 20, 2024</u> Completion Date: <u>March 07, 2025</u> Or Minimum: 1 Year of Full-time Studies		27	Expiration of Letter of Acceptance (YYYY/MM/DD) <u>May 20, 2024</u>	
28	Other Relevant Information:				

Signature of Institution Representative (e.g. Registrar):



Printed Name of Institution Representative: CHAMARA PERERA