

LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2024/06/20

PERSONAL INFORMATION

1	Family Name Gupta	2	Given Name Srishti
3	Date of Birth (YYYY/MM/DD) 2005/02/01	4	Student ID Number 100175393
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 5460 Braelawn Dr City/Town Country Province/State Postal Code Burnaby Canada British Columbia V5B 4R7		

INSTITUTIONAL INFORMATION

7	Full name of institution Capilano University		8	Designated learning institution number O19280078102	
9	Address of institution P.O. Box Street no. Street name LB 127 2055 Purcell Way City/Town Province/ Territory Postal Code North Vancouver BC 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 Itzel Chavez	Position International Student Admissions Advisor	Telephone number (604) 986 - 1911	Extension 7240	
16	Name of alternate contact Sungjoon Ji	Position International Student Admissions and Recruitment Assistant	Telephone number (604) 986 - 1911	Extension 3109	

PROGRAM INFORMATION

17	Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours of instruction per week	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 \$21,500 CAD Tuition deposit prepaid: <input type="checkbox"/> Yes <input checked="" 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>2025/01/06</u> Completion date: <u>2026/12/31</u> or minimum 2 years* of full-time studies		27	Expiration of letter of acceptance (YYYY/MM/DD) <u>2025/01/06</u>	
28	Other relevant information: *Readmit: completion date is subject to approval from the Registrar's Office . 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: Itzel Chavez, International Student Admissions Advisor