

## Letter of Acceptance

### PERSONAL INFORMATION

Saturday, June 29, 2024

1. Family Name AULAKH		2. Given Name AMARDEEP KAUR	
3. Date of Birth (YYYY/MM/DD) 2002/03/18		4. Student ID Number A11949	
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 N/A	Expiry N/A
6. Student's full mailing address 13086 - 101 Avenue, Surrey, British Columbia, CA, Canada, V3T 1L3			

### INSTITUTIONAL INFORMATION

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

### PROGRAM INFORMATION

17. Academic Status <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		Hours of instruction per week 20 HR/WEEK	18. Field/Program of Study ADVANCED DIPLOMA BUSINESS HOSPITALITY MANAGEMENT
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. Tuition Fees and Other Charges: \$16900 Fees prepaid: \$2000 <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 checked="" type="checkbox"/> YES LENGTH: 39 WEEKS <input type="checkbox"/> NO FIELD OF WORK: PROGRAM RELEVANT	
25. Conditions of acceptance specified as clearly as possible ALL CONDITIONS OF ADMISSIONS HAVE BEEN MET.			
26. Length of Program (YYYY/MM/DD) Start date: 2024/07/15 Completion date: 2026/03/16 Or minimum ____ years of full-time studies		27. Expiration Date (YYYY/MM/DD) 2024/09/15	
28. Other relevant information N/A			

Institution Representative: **Tarun Khullar**  
C.E.O and President

Signature:

