

October 09, 2024

Student ID 2513342

Amrit Kaur 14356 DRIVE STREET SURREY BC V3R 5R5

CANADA.

Dear Amrit Kaur,

The Admissions Committee at LaSalle College Vancouver has reviewed your application for enrolment in the Associate of Arts program. We are pleased to offer you admission for your program beginning January 06, 2025.

In the attached grid, you will notice if there are any conditions that still need to be fulfilled. If no conditions are mentioned, this letter confirms your full acceptance.

We will be forwarding course 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 your admissions advisor.

Telephone: 604 683-2006

https://www.lasallecollegevancouver.com/

Congratulations! We look forward to welcoming you!

Sincerely,

Karen Kiely Registrar



## DATE: 2024-10-09 Admission Identifier: 344504

## LETTER OF ACCEPTANCE

## PERSONAL INFORMATION

1	Family Name	2	Given Name Amrit Kaur
3	<b>Date of Birth</b> 2003-04-10	4	Student ID Number 2513342
5	Student's full mailing address 14356 DRIVE STREET, SURREY BC V3R 5R5, , CANADA.		

•	Full name of institution LaSalle College Vancouver				7 Designated learning institution number O19275426742		
8 Address of institution	on						
Postal box		Street number 2665			Street name Renfrew Street		
<b>City/Town</b> Vancouver	-					ostal Code 5M 0A7	
9 Telephone number (778) 373-8904		<b>Extension</b> 10 Fax num (604) 684		ax number 04) 684-8839		11 Type of School/Institution Private, post-secondary	
12 Website www.lasallecollegeva	ncouver.co	m		·			
3 Name of contact Position   Jamie Kemp   Chief Academic Officer		ficer	<b>Telepho</b>	one number 3-9200	<b>Ext</b>   8941	Email   admissions@lasallecollegevancouver.com	
14 Name of alternate contact Karen Kiely		•	Position   Registrar		Email       kkiely@las	sallecollegevancouver.com	

## PROGRAM INFORMATION

15 Academic status Full-time: X Part-time:	Hours of Instruction per week	16 Field/Program of study Associate of Arts			
17 Level of study Degree		18 Type of Training Program Academic			
19 Exchange program YES:	NO: X	20 Estimated tuition fee for the first academic year: CDN \$\$18,400   Fees prepaid: YES: X NO: Prepaid Fees   CDN \$ 3,000			
21 Bursary Term 1 bursary awarded and included in Pre-approved for bursaries for consecut min. CGPA and course load. Est. tuition would be adjusted to \$15,600 instead of \$	ive terms if student maintains a fee for the first academic year	22 Internship/Work Practicum: Length (hours): Field of work:			
23 Conditions of acceptance specifie  An original high school transcript in	, ,	data			
24 Length of Program Start Date: 2025-01-06	English including your graduation	25 Expiration of letter of acceptance:  2025-01-16			
End Date: 2026-06-21  26 Name and Signature of institution	representative:				
Kiely					
27 Name of institution representative (please print): Karen Kiely (Registrar)					