

2025-01-21



Letter of Acceptance

Dear Hanish Yasin,

Congratulations! Hanish Yasin, Western Community College is pleased to welcome you to the Support Worker program. You have met all the requirements for entry into this program.

The term start date for your program is 2025-04-03.

If you are not a Canadian Citizen or a Permanent Resident, you are required to apply for and receive a Study Permit to attend this program in Canada. This "Letter of Acceptance" will be required as part of your application process. This letter does not guarantee your admission to Canada or permission to remain in Canada. Please upload a copy of your study permit to mywcc.ca system from your student portal once you have received it. International students also require adequate medical insurance, for the entire duration of your studies.

Once again, congratulations on your acceptance into Community Support Worker Program . We wish you all the best to pursue your program.

Sincerely,



Parminder Kaur Dhaliwal

Registrar,

Western Community College



Information Required for Immigration

| Student Personal Information: | | | | | | |
|-------------------------------|--|----|----------------------------|--|--|--|
| 01 | Family Name(s): Yasin | 02 | Given Name(s): Hanish | | | |
| 03 | Student Date of Birth (yyyy-mm-dd): 1995-10-31 | 04 | Student Number: WCC1026055 | | | |
| 05 | Certificat d'acceptation du Québec (CAQ) or Ministère de !'Immigration, Diversité et Inclusion (MIDI) letter: No | | | | | |
| 06 | Student Mailing Address: 6950 120 St #20, Surrey, British Columbia, V3W 3M7, Canada | | | | | |

| Inst | itutional Information: | | | | | | | |
|------|---|-----------|----|--|------------|--|--|--|
| 07 | Full Name of Institution: Western Community College | | 08 | Designated Learning Institution Number: O19396094295 | | | | |
| 09 | Address of Institution: #201 8318 120 Street, Surrey, BC, Canada, V3W 3N4 | | | | | | | |
| 10 | Institutional Telephone Number: 604-594-3500 | | 11 | Institutional Fax Number: 604-594-3505 | | | | |
| 12 | Types of School / Institution: Private | | | | | | | |
| 13 | Institutional Website: https://wcc.ca | | 14 | Email: info@wcc.ca | | | | |
| 15 | Name of Contact: | Position: | | Telephone Number: | Extension: | | | |
| | Parminder Kaur Dhaliwal | Registrar | | 604-594-3500 | NA | | | |
| 16 | Name of Alternate Contact: | Position: | | Telephone Number: | Extension: | | | |
| | Gurpal Dhaliwal | President | | 604-594-3500 | NA | | | |

| Program Information: | | | | | | | | |
|----------------------|---|-----------------------------|-----|---|------------|--|--|--|
| 17 | Academic Status: Full Time | Length of Program: 52 weeks | 18 | Field / Program of Study: Community Support Worker | | | | |
| 19 | Level of Study:Diploma | | 20 | Type of Training Program: Academic | | | | |
| 21 | Exchange Program: | | | Estimated Tuition Fee for Program: \$13,910.00 | | | | |
| | No | Fee Prepaid: 4,560.00 | | | | | | |
| 23 | Scholarship / School A | Assistance: No | 24 | Internship / Work Practicum: 200 Hours | | | | |
| 25 | Conditional Acceptance specified as clearly as possible: None | | | | | | | |
| 26 | Length of Program (years): 1 | | | | | | | |
| | Program Start Date: | 2025-04-03 | | Program End Date: | 2026-04-02 | | | |
| 27 | Expiration of Letter of A | acceptance (yyyy-mm-dd): | 202 | 025-04-21 | | | | |
| 28 | (h).~/ | | | Name of Institutional Representative: Parminder Kaur Dhaliwal Registrar | | | | |

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