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# Gurleen kaur Saini: Profile

Student #: WCC1025131

Status: Agent Leads



Student  
Profile

## PART 1 - APPLICANT PERSONAL INFORMATION

Legal First Name   Gurleen kaur

Legal Last Name   Saini

Date of Birth   2003-10-19

Domestic /  
International   International

Passport # (For  
International  
Applicants)   0V950636

ESL Language  
Assessment (For  
International  
Applicants)   IELTS

Date of Most Recent  
Score   2024-11-20

Most Recent Score   6

**Nationality** India**Phone Number** 3658338210**Primary E-mail Address** [Kauguri193@gmail.com](mailto:Kauguri193@gmail.com)**Secondary E-mail Address** Kauguri193@gmail.com**Street Address** 2924 old clayburn road**City** Abbotsford**Postal / Zip Code** V2S 4G7**Country** Canada**Province / State** British Columbia**Gender** Female**EMERGENCY CONTACT****Emergency Contact Name** Harshdeep Singh**Emergency Contact Phone Number** 6047121966**Emergency Contact Email Address** [Kauguri193@gmail.com](mailto:Kauguri193@gmail.com)**PART 2 - PROGRAM OF INTEREST****Program of Study** Health Care Assistant Diploma

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**Schedule / Intake:** Dec. 2, 2024 - May. 12, 2025 - HCA Dec 2 2024 Fast Track - Abby**Feed-in:** (HCAFS2412-01) HCA100 - Concepts for Practice: Dec. 2, 2024 - Dec. 13, 2024**Start Date:** 2024-12-02**End Date:** 2025-05-12**Campus** Abbotsford**ENROLMENT INFORMATION**

**Current Immigration Status** International Student

**Do you have a study permit? (international Student only)** No

**If No, do you have a permit, visa or other written authorization to study in Canada other than a study permit?** Yes

**VISA Expiry** 2027-09-26

**PART 5 - VOLUNTARY DISCLOSURE (\*YOU MAY VOLUNTARILY PROVIDE THE PERSONAL INFORMATION LISTED BELOW)**

**Do you identify yourself as an Indigenous person, that is, First Nations, Métis, or Inuit?** No

**Do you have a long-term physical or mental health condition that limits the kind of activity that you can perform on a daily basis?** No

**PART 6 - PAYMENT TERMS**

**Method of payment:** Cash

**Financial Plan (Available only for onshore Diploma)** No

**ADDITIONAL QUESTIONS**

**How did you hear about the Western Community College (Please select all applicable sources)** Other

**What aspect(s) of this program or college encouraged you to apply?**

Student Support Services

**What is the most important factor (s) for you for helping you decide which college you will be applying for:**

Quality of WCC

**WCC Admissions Advisor**

Gursimar singh makkar

## DECLARATION

**Who is completing this form?**

Agent or Representative

**Agent / Representative Name**

Munish joshi

**Email Contact**

apps@siaimmigration.com

**I hereby certify that this agency has an active agreement with INSTITUTION to represent applicants on their behalf.**

Checked

**I hereby certify that the information that I have provided is accurate and complete in all aspects.**

Checked

**I authorize Western Community College to verify any information provided as part of this application.**

Checked

**I understand that falsification or misrepresentation of any information or documents submitted in my**

Checked

**application will  
result in the  
rejection of my  
application and/or  
the withdrawal of  
any offer of  
admission.**

<b>I understand that admission is subject to assessment of qualifications and availability of seats.</b>	Checked
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