

# OFFICIAL LETTER OF ACCEPTANCE

## PERSONAL INFORMATION

DATE (YYYY/MM/DD): 2025/10/07

1. FAMILY NAME	2. GIVEN NAME Damanpreet Singh
3. DATE OF BIRTH (YYYY/MM/DD) 2002/01/18	4. STUDENT ID NUMBER A1152
5. STUDENT'S FULL MAILING ADDRESS 2235, Broadway Street, Abbotsford, British Columbia, Canada	

## INSTITUTIONAL INFORMATION

6. FULL NAME OF INSTITUTION Canada International Royal Arts College		7. DESIGNATED LEARNING INSTITUTION NUMBER O142484375262	
8. ADDRESS OF INSTITUTION			
P.O. BOX	STREET NO. 896		STREET NAME W 8th Ave
CITY/TOWN Vancouver	PROVINCE/TERRITORY British Columbia		POSTAL CODE V5Z 1E2
9. TELEPHONE NUMBER (604) 354 - 1194	EXTENSION	10. FAX NUMBER	11. TYPE OF SCHOOL/INSTITUTION <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
12. WEBSITE www.ciracollege.com		13. EMAIL admissions@ciracollege.com	
14. NAME OF CONTACT Mary Garcia	POSITION Director	TELEPHONE NUMBER (604) 354 - 1194	EXTENSION
15. NAME OF ALTERNATE CONTACT Claudio Serrano	POSITION Admissions	TELEPHONE NUMBER (604) 354 - 1194	EXTENSION

## PROGRAM INFORMATION

16. ACADEMIC STATUS Full-Time	HOURS OF INSTRUCTION PER WEEK 20	17. FIELD/PROGRAM OF STUDY Business Management
18. LEVEL OF STUDY Diploma		19. TYPE OF TRAINING PROGRAM <input checked="" type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other
20. EXCHANGE PROGRAM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ESTIMATED TUITION FEE FOR THE FIRST ACADEMIC YEAR Fees Prepaid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. SCHOLARSHIP/TEACHING ASSISTANTSHIP/OTHER FINANCIAL AID <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. INTERNSHIP/WORK PRACTICUM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length: Field of Work:
24. CONDITIONS OF ACCEPTANCE SPECIFIED AS CLEARLY AS POSSIBLE		
25. LENGTH OF PROGRAM (YYYY/MM/DD) Start Date: 2026-01-05 Completion Date: 2026-12-31		26. EXPIRATION OF LETTER OF ACCEPTANCE (YYYY/MM/DD) 2026/02/04
27. OTHER RELEVANT INFORMATION		

Signature of Institution Representative (e.g., Registrar):

Printed Name of Institution Representative:

*Kamal Gill*  
Kamal Gill