

+1 604-594-3500 +1 604-776-1301

FAX: 604-594-3505

WCC.CA info@wcc.ca

2025-10-24

Letter of Acceptance



Dear Prabhjot Kaur,

Congratulations! Prabhjot Kaur, Western Community College is pleased to welcome you to the Diploma in Business Management with Co-op program. You have met all the requirements for entry into this program.

The term start date for your program is 2025-11-10.

If you are not a Canadian Citizen / Permanent Resident / Work Permit Holder, 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 Diploma in Business Management with Co-op Program . We wish you all the best to pursue your program.

Sincerely,

One

Parminder Kaur Dhaliwal

Registrar,

Western Community College



Information Required for Immigration

Student Personal Information:							
01	Family Name(s):	02	Given Name(s): Prabhjot Kaur				
03	Student Date of Birth (yyyy-mm-dd): 1999-10-16	04	Student Number: WCC1031807				
05	Certificat d'acceptation du Québec (CAQ) or Ministère de !'Immigration, Diversité et Inclusion (MIDI) letter: No						
06	Student Mailing Address: 9277 117st,, Delta, British Columbia, V4C6B9, Canada						

Institutional 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: 104 weeks	18	Field / Program of Study: Diploma in Business Management with Co-op				
19	Level of Study:Diploma		20	Type of Training Program: Academic				
21	Exchange Program:	ogram: 22 Estimated Tuition Fee for Program: \$16,000.00			000.00			
	No			Fee Prepaid: 2,500.00				
23	Scholarship / School A	Assistance: No	24	Internship / Work Practicum: 1050 Hours				
25	Conditional Acceptance specified as clearly as possible: None							
26	Length of Program (years): 2							
	Program Start Date:	2025-11-10		Program End Date:	2027-11-08			
27	Expiration of Letter of A	acceptance (yyyy-mm-dd):	202	2026-01-24				
28	(h).~			Name of Institutional Representative: Parminder Kaur Dhaliwal Registrar				

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