

LETTER OF ACCEPTANCE

PERSONAL INFORMATION			(For Study	/ Pei	mit Application)	2023/10	1/12	
1 Family Name					Date (YYYY/MM/DD): 2023/10/12 2 Given Name			
Singh				Gurbans				
3 Date of Birth (YYYY/MM/DD)					4 Student ID Number			
2001/03/18					100422915			
5 Certificat d'acceptation du Québec (CAQ) or Ministère de l'								
					CAQ Number Expiry /			
6 Student's full mailing address							LAPITY /	
Address	uui ess							
House No 275, Village Karl	hali,							
City/Town	C	ountry	ountry		Province/State		Postal Code	
Patiala		India					147101	
					Q Designated Learning Institution Number			
7 Full Name of Institution Kwantlen Polytechnic University				8 Designated Learning Institution Number				
9 Address of Institution	Inversity				019350676872			
			Street no.		Street Name			
N/A			12666		72 Ave			
City/Town		Province/Territory			Postal Code			
Surrey			BC		V3W 2M8			
10 Telephone Number	Extension	11 Fax Number			12 Type of School/Institution			
(604) 599-2866	(604) 599-2866 N/A		() -		⊠ Public □ Private			
13 Website				14 Email				
http://www.kpu.ca/					international@kpu.ca			
15 Name of Contact			Position		Telephone number		Extension	
KPU International		N/A			(604) 599 - 2866		N/A	
16 Name of Contact			Position		Telephone number		Extension	
N/A			N/A		N/A		N/A	
PROGRAMINFORMATION								
17 Academic Status	Academic Status Hours of		of instruction per week		18 Field/Program of Study			
☑ Full-time				Faculty of Science and Horticulture, Health Science				
19 Level of study				20 Type of training program				
Degree				Academic				
21 Exchange program				22 Estimated tuition fee for the first academic year				
□ Yes				\$1	\$14,600-\$24,400 Fees prepaid: ⊠ Yes □ No			
				(1	18-32 credits) Confirmation Deposit: \$5000			
23 Scholarship/Teaching assistantship/Other financial aid:				24 Internship/Work Practicum				
□ Yes Specify:				□ Yes Length: □ One Semester □ Two Semesters				
No				⊠ No Field of work:				
25 Conditions of acceptan	ce specified	as cle	arly as possible:					
N/A				a -				
26 Length of Program				27 Expiration of letter of acceptance (YYYY/MM/DD)				
Minimum 4 year(s) of full-time studies				2024/01/04				
28 Intake (or First Semeste								
Spring 2024. For Dates	and Deadl	nes, p	lease review: www	w.kp	u.ca/registration/dates			

Signature of institution representative:

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