

YEAR/MONTH/DAY

Student full name

Student ID: XXXXXXXX

Address

City, province/state, postal code

Country

Dear Student full name,

Congratulations! We are pleased to inform you that you have been admitted to Robertson College (DLI #: xxxxxxxxx) for the full-time **Program name** program commencing on **YEAR/MONTH/DAY**, and ending on **YEAR/MONTH/DAY**.

This letter of acceptance can be used to apply for your study permit at the Canadian High Commission in your country. As it can take several weeks to process your study permit, please apply as soon as possible. A valid study permit must be submitted to Robertson College at least **one month before your program start date**. For more information regarding study permit applications, please visit the **Immigration, Refugees and Citizenship Canada (IRCC)** website at <https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/study-permit.html>.

You are required to complete your full tuition payment by **YEAR/MONTH/DAY**. Please note that failure to meet the payment deadline will cause a cancellation of your seat in the program.

Please note that this program requires students to complete a minimum of **xxx** hours in a work practicum. The work practicum takes place during the program and helps students demonstrate the knowledge and skills learned in the classroom, and is a mandatory requirement for graduation. Successful completion of the Practical Applied Culture and Employment course (PACE) is mandatory for all international students studying at Robertson.

Welcome to Robertson College. we wish you success in your studies with us. If you have questions regarding your admission or registration, please email applications.winnipeg@robertsonglobal.ca

Sincerely,

XXXXXXXXXXXX



ROBERTSON

OFFICIAL LETTER OF ACCEPTANCE

PERSONAL INFORMATION

Date (YYYY/MM/DD):

1	Family Name	2	Given Name
3	Date of Birth (YYYY/MM/DD)	4	Student ID Number
5	Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6	Student's Full Mailing Address		
P.O.Box		Apt/Unit	Street no. and name
City/Town		Country	Province/State Postal Code

INSTITUTIONAL INFORMATION

7	Full name of the institution Robertson College		8	Designated learning institution number	
9	Address of institution 100 - 2912 Memorial Drive SE Calgary, AB T2A6R1		10	Website www.robertsoncollege.com	
11	Telephone number	12	Email address	13	Type of school/Institution <input type="checkbox"/> Public <input type="checkbox"/> Private
14	Name of contact	Position	Telephone number		
15	Name of alternate contact	Position	Telephone number		

PROGRAM INFORMATION

16	Academic status Full-time <input type="checkbox"/> Part-time	Hours of instruction per week	17	Field/Program of Study	
18	Level of study Post-Secondary		19	Type of training program <input type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional	
20	Exchange Program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21	Estimate tuition fee for the first academic year \$ Fees prepaid Yes: \$ <input type="checkbox"/> No	22	Internship/Work Practicum <input checked="" type="checkbox"/> Yes Length: <input type="checkbox"/> No Field of work:
23	Conditions of acceptance specified as clearly as possible				
24	Length of Program (YYYY/MM/DD) Start date: Completion date:		25	Expiration of letter of acceptance (YYYY/MM/DD)	
26	Other relevant information				

Signature of institution representative:

Printed name of institution representative:

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