

## Letter of Acceptance

### Background

After consultation with stakeholders, Citizenship and Immigration Canada has produced a standardized letter of acceptance to be filled out by educational institutions. Completing the letter of acceptance correctly will facilitate the initial processing of the student's application at missions abroad and ports of entry as well as future applications for extensions of study permits in Canada.

### Completion of form

The letter of acceptance from the institution must include the institution's letterhead, full mailing address, telephone and fax numbers, and e-mail and Website addresses if applicable.

Please note that **all** information required in the sample letter of acceptance should be provided by the educational institution.

However, some information may not be applicable or may not be known at the time of application. If the information is not applicable, please indicate **N/A**. If the information is not known, indicate **N/K**.

Students must send the original letter of acceptance from the educational institution that they will be attending.

Guidelines for completing the letter of acceptance are available on the following page.

## Guidelines for completing the letter of acceptance

1, 2	<b>Family name and given name:</b> Full name of student as shown in the student's identity document (e.g., passport/travel document, birth certificate, alien resident card or national ID card)
5	<b>CAQ or MIDI :</b> Identify if student has a Certificat d'acceptation du Québec (the Quebec Certification of Acceptance to study in Quebec) or a letter from the Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter. Identify the CAQ number and date of expiry.
6	<b>Student's full mailing address:</b> P.O. Box, Apt./Unit, Street, City, Country, Postal Code
7, 8, 9, 10, 11, 13, 14, 15, 16	<p><b>Full name of institution, Designated learning institution number, address, telephone and fax numbers, email-address, website, name of contact and name of alternate contact:</b> The letter of acceptance from the institution must include the institution's full mailing address, Designated learning institution number, telephone and fax numbers, e-mail and website addresses and name of contact, even if the information is already included in the letterhead.</p> <p>In cases where the program is jointly offered by more than one institution, the letter of acceptance should be issued by the institution that will be granting the degree or diploma (or, where a degree or diploma is granted jointly by more than one institution, the letter of acceptance should be issued by the institution at which students will begin their studies).</p> <p>The letter should note that the program of study includes courses/sessions (specify which semesters/courses) given at another institution (specify institution name, type [e.g., college, university, technical institute, etc.] and location.</p>
12	<b>Type of school/institution:</b> Public or private. If the institution is publicly funded but is not a university, indicated whether the institution is a post-secondary college, a post-secondary community college, or a post-secondary technical college.
17	<b>Academic status:</b> Whether the course/program of study is full-time or part-time.
18	<b>Field/Program of study:</b> General academic subject areas the student intends to pursue (e.g., general studies, political science, biology, engineering, medicine, flight training).
19	<b>Level of study:</b> Primary, secondary, residents and interns, post-secondary, bachelor's degree, master's degree, doctorate degree, other university studies, other studies, non-university certificate or diploma.
20	<b>Type of training program:</b> Vocational, academic, professional or other.
22	<b>Estimated tuition fee:</b> Total fees required, including tuition and homestay/boarding if applicable. Please indicate if fees are prepaid.
23	<b>Scholarship/Teaching assistantship/Other financial aid:</b> Indicate yes if the student will receive any financial assistance from the institution.
25	<b>Conditions of acceptance:</b> e.g., TOEFL, partial fee payment, maintaining required academic standing.
26	<b>Length of program:</b> The date a program begins and the estimated date of completion. Start and completion dates should be accurate. A start and completion date must be provided for programs of less than one year.
27	<b>Expiry date:</b> Date until which the letter of acceptance is valid.; latest day the student can register to begin the program of study.
28	<b>Other relevant information:</b> This space is provided to allow institutions to add any relevant information to assist the visa officer in making a decision.

Date (YYYY/MM/DD): \_\_\_\_\_

**PERSONAL INFORMATION**

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

**INSTITUTIONAL INFORMATION**

<b>7 Full name of institution</b>			<b>8 Designated learning institution number</b>	
<b>9 Address of institution</b>				
P.O. Box		Street no.	Street Name	
City/Town		Province/Territory	Postal Code	
<b>10 Telephone number</b> ( ) -	<b>Extension</b>	<b>11 Fax number</b> ( ) -	<b>12 Type of School/Institution</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>13 Website</b>			<b>14 Email</b>	
<b>15 Name of contact</b>		<b>Position</b>	<b>Telephone number</b> ( ) -	<b>Extension</b>
<b>16 Name of alternate contact</b>		<b>Position</b>	<b>Telephone number</b> ( ) -	<b>Extension</b>

**PROGRAM INFORMATION**

<b>17 Academic status</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<b>Hours of instruction per week</b>	<b>18 Field/Program of Study</b>	
<b>19 Level of study</b>			<b>20 Type of training program</b> <input type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____	
<b>21 Exchange program</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>22 Estimated tuition fee for the first academic year</b> _____ Fees prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23 Scholarship/Teaching assistantship/Other financial aid:</b> <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No			<b>24 Internship/Work Practicum</b> <input type="checkbox"/> Yes Length: _____ <input type="checkbox"/> No Field of work: _____	
<b>25 Conditions of acceptance specified as clearly as possible</b>				
<b>26 Length of Program (YYYY/MM/DD)</b> Start date: / / Completion date: / / Or minimum ____ years of full-time studies			<b>27 Expiration of letter of acceptance (YYYY/MM/DD)</b> / /	
<b>28 Other relevant information:</b>				

Signature of institution representative (e.g., Registrar): \_\_\_\_\_

Printed name of institution representative: \_\_\_\_\_