



University  
of Manitoba

## Extended Education

### Extended Education

185 Extended Education Complex  
Winnipeg, Manitoba  
Canada R3T 2N2  
T: 204-474-8800  
[extended@umanitoba.ca](mailto:extended@umanitoba.ca)

Student Name: DAMILARE OLUSEYE OGUNTUGA  
Address: 14 SIKIRU ORILOWI STREET, OKERUBE,  
IKOTUN  
ALIMOSHO, LAGOS  
102213 Nigeria

Date: 2024/02/14  
Student #: 008031070  
DLI #: O19091528512

Date of Birth: 1986/04/04

### LETTER OF ADMISSION

Dear: DAMILARE OLUSEYE OGUNTUGA

Please be advised that you have been accepted to study **Applied Business Management (ABM)** at the University of Manitoba. Your full-time studies will begin in **September 4, 2024** for 3 consecutive terms (i.e., **Fall 2024, Winter 2025, and Summer 2025**) with an expected end date of **August 22, 2025**. **Applied Business Management** is a 12-month program package consisting of 10 months of full-time study towards a Certificate in **Management and Administration** and the Letter of Accomplishment in **Career Preparation**, followed by Industry Experience acquired through industry placement or a preparatory industry experience course.

#### FEE SUMMARY:

Application Fee	\$ 300.00	
Tuition	\$ 17,500.00	
Manitoba International Student Health Plan	\$ 1,032.00	
Total Fees	\$ 18,832.00	*
Received	\$ 2,300.00	
Amount Owning:	\$ 16,532.00	

Textbook costs are additional and are approximately \$1,000.

We require your amount owing no later than July 4, 2024.

Please visit <https://umanitoba.ca/registrar/tuition-fees/pay-your-tuition> for additional payment method options.

Sincerely,

Kari Kumar, PhD  
Associate Dean (Academic)

\*Fees subject to change without notice.

<https://umanitoba.ca/extended-education>




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Please find below the standardized letter of acceptance as requested by Immigration, Refugees, and Citizenship Canada to be used in the application for your study permit to study in Canada.

<b>STUDENT INFORMATION</b>		<b>Date (YYYY/MM/DD):</b> 2024/02/14	
1. Family Name: <b>OGUNTUGA</b>		2. Given Name: <b>DAMILARE OLUSEYE</b>	
3. Date of Birth (YYYY/MM/DD): 1986/04/04		4. Student ID Number: 008031070	
5. Student's full mailing address: 14 SIKIRU ORILOWI STREET, OKERUBE, IKOTUN ALIMOSHO, LAGOS 102213 Nigeria			
<b>INSTITUTIONAL INFORMATION</b>			
6. Full name of institution: <b>Extended Education – University of Manitoba</b>		7. Designated Learning Institution number: <b>O19091528512</b>	
8. Address of Institution: <b>185 Extended Education Complex Winnipeg, Manitoba R3T 2N2</b>			
9. Telephone Number: <b>1-204-474-8800</b>	10. Fax number: <b>N/A</b>	11. Type of School: <input checked="" type="radio"/> Public <input type="radio"/> Private	
12. Website: <b><a href="https://umanitoba.ca/extended-education/">https://umanitoba.ca/extended-education/</a></b>		13. Email: <b><a href="mailto:extended@umanitoba.ca">extended@umanitoba.ca</a></b>	
14. Name of contact <b>Yingwen Zhang</b>	Position <b>Program Coordinator</b>	15. Telephone number <b>1-204-474-8800</b>	
<b>PROGRAM INFORMATION</b>			
16. Academic Status: <input checked="" type="radio"/> Full-time <input type="radio"/> Part-time	Hours of Instruction per week: <b>18 approx.</b>	17. Field/Program of Study: <b>Applied Business Management</b>	
18. Level of study: University Certificate		19. Type of training program: <input type="radio"/> Vocational <input checked="" type="radio"/> Academic <input type="radio"/> Professional <input type="radio"/> Other	
20. Exchange Program: <input type="radio"/> Yes <input checked="" type="radio"/> No		21. Estimated tuition fee for the first academic year \$ 17,500.00   Fees prepaid: <input checked="" type="radio"/> Yes \$ 2,300.00 <input type="radio"/> No	
22. Scholarship/Teaching Assistantship: <input type="radio"/> Yes Specify: <input checked="" type="radio"/> No		23. Internship/Work Practicum: <input checked="" type="radio"/> Yes Length: 175 hours <input type="radio"/> No Field of work: Business	
24. Conditions of acceptance specified as clearly as possible:			
25. Length of Program (YYYY/MM/DD): Start date: 2024/09/04 Completion date: 2025/08/22 Or minimum year of full-time studies		26. Expiration of letter of acceptance (YYYY/MM/DD): 2024 / 09 / 04	
27. Other relevant information:			
28. Signature of institution representative: 		29. Name of institution representative: <b>Kari Kumar, PhD Associate Dean (Academic)</b>	