

CORNERSTONE

International Community College of Canada

Date:

Personal Information

Family Name

Patel

Date of Birth (yyyy-mm-dd)

1992-06-07

(CAQ) ☐ Yes ☒ No

Student's full mailing address

Given Name

Hitesh

Student ID Number

54

Institutional Information

Full Name of the Institution		Designated Learning Institution Number	
Cornerstone International Community College of Canada		O19274576342	
Address of the Institution			
100 – 609 West Hastings Street, Vancouver, BC, V6B 4W4, Canada			
Telephone Number		Website	Email
(+) 604-620-1111		www.ciccc.ca	info@ciccc.ca
Type of Institution: Private			
Name of contact	Position	Phone Number	Ext
William Gerard	Managing Director	(+) 604-620-1111	31
Mary Karimi	Admission Manager	(+) 604-620-1111	25

Program Information

Academic Status:		Level of		Exchange Program: No
Hours of instruction per week:		Type of training program:	Academic	
Field/Program of Study:	What are you applying for..			
Internship/Work Practicum:		Hours in		
Estimated tuition fee for the first academic year:	\$ Tuition_Fees..	Fees Prepaid:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ Amount__1..
Conditions of acceptance:				
Length of the program:	Start Date:	Start_Date..	Completion Date:	Completion_Date..
Expiration Date:	2020-08-26			

Printed Name:

Signature institution representative:

Priority.

Your Success, Our

Cornerstone International Community College of Canada
Main & 2nd floor, 609 West Hastings Street, Vancouver, BC, V6B 4W4
604-620-1111, info@ciccc.ca

