# LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): 2019/02/06

## PERSONAL INFORMATION

| 1 Family Name | 2 Given Name |
|---|---|
| cederic | sengabo |

| 3 Date of Birth (YYYY/MM/DD) | 4 Student ID Number |
|---|---|
| 1998/12/07 | 153664844 |

**5 Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter**

[X] Yes [ ] No

**6 Student's full mailing address**

| P.O. Box | Apt./Unit | Street no. | Street name |
|---|---|---|---|
| null | null | 18021 | saint-michel |

| City/Town | Country | Province/State | Postal Code |
|---|---|---|---|
| montreal | canada | quebec | h2t 3c4 |

## INSTITUTIONAL INFORMATION

| 7 Full name of institution | 8 Designated learning institution number |
|---|---|
| Institut Superieur d'Informatique | 019938447379 |

**9 Address of institution**

| P.O. Box | Street no. | Street Name |
|---|---|---|
| | 255 | Cremazie Est #100 |

| City/Town | Province/Territory | Postal Code |
|---|---|---|
| Montreal | Quebec | H2M 1M2 |

| 10 Telephone number | Extension | 11 Fax number | 12 Type of School/Institution |
|---|---|---|---|
| 514 842-2426 | | 514 842-2084 | [ ] Public [X] Private |

| 13 Website | 14 Email |
|---|---|
| www.isi-mtl.com | info@isi-mtl.com |

| 15 Name of contact | Position | Telephone number | Extension |
|---|---|---|---|
| Dominique Larose | Human Resources | (514) 123-4567 | 1111 |

| 16 Name of alternate contact | Position | Telephone number | Extension |
|---|---|---|---|
| | | ( ) - | |

## PROGRAM INFORMATION

| 17 Academic status | 18 Field/Program of Study |
|---|---|
| [X] Full-time [ ] Part-time | Analyse-asd |

| 19 Level of study | 20 Type of training program |
|---|---|
| 1 | [X] Vocational [ ] Academic [ ] Professional [ ] Other ____ |

| 21 Exchange program | 22 Estimated tuition fee for the first academic year |
|---|---|
| [X] Yes [ ] No | 1 — Fees prepaid: [X] Yes [ ] No |

| 23 Program Duration: | 24 Internship/Work Practicum |
|---|---|
| 1 | [X] Yes Length: 1 <br> [ ] No Field of work: Analyse |

**25 Conditions of acceptance specified as clearly as possible**

Analyser

| 26 Length of Program (YYYY/MM/DD) | 27 Expiration of letter of acceptance (YYYY/MM/DD) |
|---|---|
| Start date: 2020/06/07 <br> Completion date: 2020/04/17 | 2019/08/06 |

**28 Other relevant information:**

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

Printed name of institution representative: _____