



Eminent College Inc. o/a Eminent College
Suite 201 - 10125 109 Street
Edmonton, AB, K1K 4H4
Phone: 5876868348
Email: info@eminentcollege.ca
Website: www.eminentcollege.ca

Letter of Acceptance

Date: Month DD, YYYY

Dear STUDENT FIRST AND LAST NAME,

Eminent College Inc. o/a Eminent College is a Private Vocational Institute registered with the Private Career Colleges Branch, Alberta Advanced Education.

Designated learning Institute: DLI NUMBER

Based on our skills evaluation process, STUDENT NAME has been accepted into HAIRSTYLING Diploma. Upon receipt of all documents, you will be successfully enrolled into the program. The program details and specifics of the training are listed below.

Student ID:

Program Name: Hairstyling

Start Date:

End Date:

Program Duration: **1,400 hours (40 weeks)**

Tuition Summary:

Tax Deductible Tuition Fee	\$12,845
Books/Supplies/Instruments	\$ 3,632
Total Cost	\$16,477

Admission Requirements:

- Alberta high school diploma, verified by transcript, or non-Alberta Canadian equivalent, verified by transcript assessed through International Qualifications Assessment Service (IQAS) or World Education Services (WES); OR
- Mature students should be at least 18 years of age. AND complete one of the following Alternative Admission Test with the minimum indicated cut score:



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Adult Academic Achievement/Aptitude Test	Minimum Score for PCC Vocational Training
Canadian Adult Achievement Test (CAAT)	160
Test of Adult Basic Education (TABE)	627-800
Canadian Achievement Survey Test for Adults (CAST)	Level 3 - 50%
Wonderlic Scholastic Level Exam (SLE)	20

*Please note that the student may choose either to complete the Wonderlic SLE or Wonderlic SLE/Q version

English Language Proficiency Requirements:

If English is not a student's first language, they must provide proof of English competency. English Language Proficiency Requirements are as per the table below or higher:

CLB 7 Test Scores						
Exam	CLB Level	Reading	Listening	Writing	Speaking	Overall Score (If Applicable)
IELTS	7	6.0	6.0	6.0	6.0	N/A
CELP - General	7	7	7	7	7	N/A
Pearson Academic (PTE-A)	7	53.5	48.1	62.2	46.2	51.6
CAEL	7	50	50	50	45	50
TOEFL iBT	7	13	12	21	18	60
Duolingo	7	N/A	N/A	N/A	N/A	105-115

International Students Requirements:

- Proof of Health Insurance Coverage; AND
- Appropriate student authorization or a Study Permit from Immigration, Refugees and Citizenship Canada (IRCC);



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Program Outline:

Course Titles	Hours	Weeks
Safety, Personal and Professional Development	32	0.9
Client Services	60	1.7
Facility and Equipment	40	1.1
Properties of Hair and Scalp	24	0.7
Draping, Shampooing and Treatments	104	2.9
Haircutting 1	280	8
Hairstyling 1	60	1.7
Chemical Texturizing	40	1.1
Hair Colouring	60	1.7
Anatomy and Physiology	20	0.6
Chemical Texturizing	160	4.6
Salon Business and Professional Development	60	1.7
Hair Colouring and Pre-Lightening (Bleaching)	188	5.4
Hairstyling 2	100	2.9
Haircutting 2	110	3.1
Specialty Services	38	1.1
Workplace Coaching Skills and Advisory Network	24	0.8

We wish you all the best in fulfilling the obligations for the requirements of your visa application.

*Eminent college is not responsible and has also no authority to give immigration advice. Admission is contingent on you receiving a valid study permit that has an expiration date which is after the end date of the program.

Please contact the International Student Coordinator president@eminentcollege.ca to pay your fees.

Looking forward to welcoming you in Canada!



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Date (YYYY/MM/DD): _____

PERSONAL INFORMATION

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 type="checkbox"/> No		CAQ Number	Expiry / /
6 Student's full mailing address			
P.O. Box	Apt./Unit	Street no.	Street name
City/Town	Country	Province/State	Postal Code

INSTITUTIONAL INFORMATION

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

PROGRAM INFORMATION

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

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

Printed name of institution representative: _____