



200, 731 - 6th Avenue S.W.  
 Calgary, Alberta, T2P 0T9  
 E-Mail: [maple@mapleleafacademy.com](mailto:maple@mapleleafacademy.com)

# Maple Leaf Academy

Tel: (403) 262-8851  
 Fax: (403) 262-8911  
 Website: <http://www.mapleleafacademy.com>

## LETTER OF ACCEPTANCE

The Program is a Designated Learning Program  
 and eligible to receive foreign nationals on a Study Permit.

### PERSONAL INFORMATION

<b>1</b>	<b>Family Name</b>	<b>2</b>	<b>Given Name</b>
<b>3</b>	<b>Date of Birth (YYYY/MM/DD)</b>	<b>4</b>	<b>Student ID Number</b>
<b>6</b>	<b>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</b>	<b>Full name of institution</b>	<b>8</b>	<b>Designated learning institution number</b>
	Maple Leaf Academy		DLI #O114623912037
<b>9</b>	<b>Address of institution</b>		
P.O. Box	Street no. 731	Street Name 6 Avenue SW	
City/Town Calgary	Province/Territory Alberta	Postal Code T2P 0T9	
<b>10</b>	<b>Telephone number</b>	<b>11</b>	<b>Fax number</b>
	(403) 262-8851		(403) 262-8911
<b>12</b>	<b>Type of School/Institution</b>		
	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>		
<b>13</b>	<b>Website</b>	<b>14</b>	<b>Email</b>
	www.mapleleafacademy.com		registrar@mapleleafacademy.com
<b>15</b>	<b>Name of contact</b>	<b>16</b>	<b>Name of alternate contact</b>
	Shelley Keobke		
	<b>Position</b>		<b>Position</b>
	Registrar		
	<b>Telephone number</b>		<b>Telephone number</b>
	(403) 262-8851		( ) -
	<b>Extension</b>		<b>Extension</b>

### PROGRAM INFORMATION

<b>17</b>	<b>Academic status</b>	<b>18</b>	<b>Field/Program of Study</b>	ESL Program	<input type="checkbox"/>
<b>19</b>	<b>Level of study</b>	<b>20</b>	<b>Type of training program</b>	Vocational <input type="checkbox"/>	Academic <input type="checkbox"/>
<b>21</b>	<b>Exchange program</b>	<b>22</b>	<b>Estimated tuition fee for the first academic year</b>	Professional <input type="checkbox"/>	Other <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		\$12,600.00	Fees prepaid: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>23</b>	<b>Scholarship/Teaching assistantship/Other financial aid:</b>	<b>24</b>	<b>Internship/Work Practicum</b>		
	Yes Specify: _____ No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Length: _____ Field of work: _____	
<b>25</b>	<b>Conditions of acceptance specified as clearly as possible</b>				
<b>26</b>	<b>Length of Program (YYYY/MM/DD)</b>	<b>27</b>	<b>Expiration of letter of acceptance (YYYY/MM/DD)</b>		
	Start date: _____ Completion: _____ Or minimum _____				
<b>28</b>	<b>Other relevant information:</b>				

**Without the authorized official stamp and representative signatures, this Letter of Acceptance (LOA) is considered invalid. For an official LOA, please contact the ESL Registrar.**

Signature of institution representative: \_\_\_\_\_

Printed name of institution representative: Shelley Keobke