



**Eminent College Inc. o/a Eminent College**  
**Suite 201 - 10125 109 Street**  
**Edmonton, AB, K1K 4H4**  
**Phone: 5876868348**  
**Email: [hr@eminentcollege.ca](mailto:hr@eminentcollege.ca)**  
**Website: [www.eminentcollege.ca](http://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 PROGRAM NAME. 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	\$13,000
Books/Supplies/Instruments	\$3,500
<b>Total Cost</b>	<b>\$16,500</b>

### **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:**

<b>Course Titles</b>	<b>Hours</b>	<b>Weeks</b>
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 [karan@eminentcollege.ca](mailto:karan@eminentcollege.ca) pay your fees.

Looking forward to welcoming you in Canada!



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Date (YYYY/MM/DD): \_\_\_\_\_

**PERSONAL INFORMATION**

<b>1</b> Family Name	<b>2</b> Given Name
<b>3</b> Date of Birth (YYYY/MM/DD) / /	<b>4</b> Student ID Number
<b>5</b> 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 / /	
<b>6</b> Student's full mailing address	
P.O. Box	Apt./Unit
City/Town	Country
Street no.	Street name
Province/State	Postal Code

**INSTITUTIONAL INFORMATION**

<b>7</b> Full name of institution	<b>8</b> Designated learning institution number
<b>9</b> Address of institution	
P.O. Box	Street no.
City/Town	Province/Territory
Street Name	Postal Code
<b>10</b> Telephone number ( ) -	<b>11</b> Fax number ( ) -
<b>12</b> Type of School/Institution <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>13</b> Website
<b>14</b> Email	<b>15</b> Name of contact
<b>16</b> Name of alternate contact	<b>17</b> Position
<b>18</b> Telephone number ( ) -	<b>19</b> Extension
<b>20</b> Telephone number ( ) -	<b>21</b> Extension

**PROGRAM INFORMATION**

<b>17</b> Academic status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>18</b> Hours of instruction per week
<b>19</b> Level of study	<b>20</b> Field/Program of Study
<b>21</b> Exchange program <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>22</b> Type of training program <input type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____
<b>23</b> Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No	<b>24</b> Estimated tuition fee for the first academic year _____ Fees prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Internship/Work Practicum <input type="checkbox"/> Yes Length: _____ <input type="checkbox"/> No Field of work: _____	<b>26</b> Conditions of acceptance specified as clearly as possible
<b>27</b> Length of Program (YYYY/MM/DD) Start date: / / Completion date: / / Or minimum _____ years of full-time studies	<b>28</b> Expiration of letter of acceptance (YYYY/MM/DD) / /
<b>29</b> Other relevant information:	

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

Printed name of institution representative: \_\_\_\_\_