



Bahçesehir ESL Programs Canada, Inc. o/a
Mentora Language Academy
543 Yonge Street, Second Floor
Toronto, Ontario, M4Y 1Y5
+1 (416) 483-3738
info@mentoralanguageacademy.ca
www.mentoralanguageacademy.ca

LETTER OF ACCEPTANCE

PERSONAL INFORMATION

FAMILY NAME: Montana Rios		GIVEN NAME: Isabella	
DATE OF BIRTH (DD/MM/YYYY): 13/04/2006		STUDENT ID NUMBER: Q-2023-000475-03	
CERTIFICAT D'ACCEPTATION DU QUEBEC (CAQ) OR MINISTRE DE L'IMMIGRATION, DIVERSITE ET INCLUSION (MIDI) LETTER:			
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CAQ NUMBER:	EXPIRY (DD/MM/YYYY):
STUDENT'S FULL MAILING ADDRESS:			
ADDRESS: Colinas del Viento			
CITY/TOWN: Girardot	PROVINCE/STATE: CUN	COUNTRY: Colombia	POSTAL CODE: 252431

INSTITUTIONAL INFORMATION

FULL NAME OF INSTITUTION: Mentora Language Academy		DESIGNATED LEARNING INSTITUTION (DLI) NUMBER: O116458043402	
ADDRESS OF INSTITUTION:			
P.O. BOX:	STREET NO.: 543	STREET NAME: YONGE STREET- SECOND FLOOR	
CITY/TOWN: TORONTO	PROVINCE/TERRITORY: ONTARIO	POSTAL CODE: M4Y 1Y5	
TELEPHONE NUMBER: 416 – 483 -3738		FAX NUMBER: n/a	
WEBSITE: www.mentoralanguageacademy.ca		TYPE OF SCHOOL/INSTITUTION: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	
NAME OF CONTACT: Selma Uzun	POSITION: Admissions Manager	EMAIL: admissions@mentoralanguageacademy.ca	
NAME OF ALTERNATE CONTACT: Erika Garcia	POSITION: Sales Recruiter	EMAIL: erika.garcia@mentoracollege.ca	

PROGRAM INFORMATION

HOURS OF INSTRUCTION PER WEEK: 30 hours		FIELD/PROGRAM OF STUDY: ENGLISH AS A SECOND LANGUAGE	
LEVEL OF STUDY: N/K	TYPE OF TRAINING PROGRAM: <input type="checkbox"/> VOCATIONAL <input checked="" type="checkbox"/> ACADEMIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER:		
EXCHANGE PROGRAM: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ESTIMATED TUITION FEE FOR THE REGISTERED PROGRAM: \$ 5428.80		
SCHOLARSHIP/ TEACHING ASSISTANTSHIP/OTHER FINANCIAL AID: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LENGTH: _____	
INTERNSHIP/WORK PRACTICUM: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LENGTH: _____	FIELD OF WORK: _____
CONDITIONS OF ACCEPTANCE SPECIFIED:			
LENGTH OF PROGRAM: 24 weeks START DATE: 08/05/2023 COMPLETION DATE: 20/10/2023 OR MINIMUM _____ YEARS OF FULL-TIME STUDIES		DATE OF LETTER OF ACCEPTANCE ISSUED (DD/MM/YYYY): 27/03/2023	
OTHER RELEVANT INFORMATION: N/A		EXPIRATION OF LETTER OF ACCEPTANCE (DD/MM/YYYY): 27/09/2023	

SIGNATURE OF INSTITUTION REPRESENTATIVE: _____

PRINTED NAME OF INSTITUTION REPRESENTATIVE: Selma Uzun