



West Coast College of **MASSAGE** Therapy

## OFFICIAL ACCEPTANCE LETTER

September 03, 2025

Mr. Jong Ho Lee  
6538 Nelson Ave.  
Burnaby, BC  
V5H 0G5, Canada

Sent via email

Dear Jong Ho:

Entrance into WCCMT's massage therapy program is based on a comprehensive evaluation of all aspects of each prospective student's application submissions. The goal of the evaluation is to assess each applicant's readiness for entry as an indicator of ultimate success in the program and thereafter, becoming a member in good standing with the College of Complementary Health Professionals of British Columbia (CCHPBC).

The Admissions Panel has reviewed your application to transfer to WCCMT for the September start date. We are pleased to inform you that you have been **accepted** into WCCMT's RMT program with approved transfer credits for the courses you successfully completed at your previous DLI. Classes will commence on Monday, September 08, 2025.

We acknowledge that your previous DLI will be billed and accountable for the program cost payable under your student enrolment contract. The total program cost under WCCMT will be CAD \$11,901.

We have attached the International Student Acceptance Information Form to this letter which reflects your program start date of September 07, 2025. Please note that you will need to submit the 3 attached documents with your Study Permit application:

- Your official WCCMT acceptance letter
- The International Student Acceptance Information form
- The Provincial Attestation Letter

Congratulations, Jong! If you have any questions or require additional information, please contact our Admissions Department at [admissions@collegeofmassage.com](mailto:admissions@collegeofmassage.com) or 604-520-1844 ext. 232.

Sincerely,

**Alona Besan**  
Admissions Coordinator

**WCCMT New Westminster**  
613 Columbia Street  
New Westminster BC  
V3M 1A7

**T** 604 520 1844  
**F** 604 520 1831



Date (YYYY/MM/DD): 2025/09/03

**PERSONAL INFORMATION**

<b>1</b> Family Name <b>Lee</b>	<b>2</b> Given Name <b>Jong Ho</b>
<b>3</b> Date of Birth (YYYY/MM/DD) <b>1995 / 11 / 06</b>	<b>4</b> Student ID Number <b>613498</b>
<b>5</b> Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CAQ Number _____ Expiry / / _____	
<b>6</b> Student's full mailing address	
P.O. Box _____ Apt./Unit _____	Street no. <b>6538</b> Street name <b>Nelson</b>
City/Town <b>Burnaby</b> Country <b>Canada</b>	Province/State <b>BC</b> Postal Code <b>V5H 0G5</b>

**INSTITUTIONAL INFORMATION**

<b>7</b> Full name of institution <b>West Coast College of Massage Therapy (WCCMT)</b>	<b>8</b> Designated learning institution number <b>019395299928</b>
<b>9</b> Address of institution	
P.O. Box _____ Street no. <b>613</b>	Street Name <b>Columbia Street</b>
City/Town <b>New Westminster</b> Province/Territory <b>British Columbia</b>	Postal Code <b>V3M 1A7</b>
<b>10</b> Telephone number <b>604)520 - 1844</b> Extension _____ <b>11</b> Fax number <b>(604)520 -1831</b>	<b>12</b> Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
<b>13</b> Website <b>https://collegeofmassage.com</b>	<b>14</b> Email <b>admissions@collegeofmassage.com</b>
<b>15</b> Name of contact <b>Alona Besan</b> Position <b>Admissions Coordinator</b>	Telephone number <b>(604) 520 -1844</b> Extension <b>232</b>
<b>16</b> Name of alternate contact <b>Sharlene Reis</b> Position <b>Director of Compliance</b>	Telephone number <b>(604) 520 -1844</b> Extension <b>227</b>

**PROGRAM INFORMATION**

<b>17</b> Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours of instruction per week <b>32</b>	<b>18</b> Field/Program of Study <b>Health Sciences/Massage Therapy</b>
<b>19</b> Level of study <b>Diploma program</b>	<b>20</b> Type of training program <input checked="" type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____
<b>21</b> Exchange program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>22</b> Estimated tuition fee for the first academic year <b>\$11,901 Cad</b> Fees prepaid: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>23</b> Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> Yes Specify: _____ <input checked="" type="checkbox"/> No	<b>24</b> Internship/Work Practicum <input checked="" type="checkbox"/> Yes Length: <b>392 hours Clinical Internship*</b> <input type="checkbox"/> No Field of work: <b>Massage Therapy</b>
<b>25</b> Conditions of acceptance specified as clearly as possible <b>High school graduation or equivalent, Successful completion of an introductory massage course, Criminal records check, Resume, Photo ID, Health declaration, Successful completion of education interview, English proficiency requirement</b>	
<b>26</b> Length of program (YYYY/MM/DD) Start date: <u>2025 / 09 / 07</u> Completion date: <u>2026 / 04 / 18</u> Or minimum _____ years of full-time studies	<b>27</b> Expiration of letter of acceptance (YYYY/MM/DD) <u>2025 / 09 / 30</u>
<b>28</b> Other relevant information: <b>*Student will complete an unpaid work practicum at WCCMT's onsite clinic and some outreach partners under the direct supervision of a Registered Massage Therapist. 392 practicum hours remaining requirement to complete the program.</b>	

Signature of institution representative (e.g., Registrar):   
 Printed name of institution representative: **Alona Besan**

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