

Application for Certificate, Diploma or Citation

Once you have completed all the courses necessary for your program, fill out this form and send it to the Registrar's Office in order to receive your Official Certificate, Diploma or Citation.

Student Name: _____
(LAST) (FIRST) (MIDDLE)

Student No.: _____

Mailing Address: _____

Date of Program Completion: _____

Please check which certificate, diploma or citation you have completed

- Early Childhood Education Certificate*
- Early Childhood Education Diploma*
- Early Childhood Education Citation Special Needs*
- Early Childhood Education Citation Infant Toddler*
- Education Assistant Certificate*
- Family Child Care Certificate*
- School Age Care Training Certificate*

Signature: _____

Date: _____

Please mail this form to:

Northern Lights College
Regional Administration
Attention: Karen Erickson
11401 – 8th Street
Dawson Creek, BC V1G 4G2

Or please fax this form to: Karen Erickson at 250-782-5233