



Application to Write: Writing Assessment

Please Print

Name of Student: _____ Student Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Residence): (_____) - _____ Business: (_____) - _____

Program of Interest: _____

Name of Proctor: _____ Occupation: _____
(May not be a relative or current student of Northern Lights College)

Place of Employment: _____ Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Residence): (_____) - _____ Business: (_____) - _____

Fax: _____ E-mail: _____

Signature: _____ Date: _____

Please submit payment of \$10.50

VISA Mastercard # _____ Exp. _____

Name on card: _____

Send to:
Student Services
Northern Lights College
(at the appropriate campus listed)

Box 1180, 5132-50th St.
Chetwynd, B.C.
V0J 1J0
Phone : (250) 788-2248
Fax : (250) 788-9706

11401-8th Street
Dawson Creek, B.C.
V1G 4G2
Phone: (250) 782-5251
Fax: (250) 782-6069

Box 220
Dease Lake, B.C.
V0C 1L0
Phone : (250) 771-5500
Fax : (250) 771-5510

Box 860, 5504 Simpson
Trail
Fort Nelson, B.C.
V0C 1R0
Phone : (250) 774-2741
Fax : (250) 774-2750

Box 1000, 9820-120th Ave
Fort St. John, B.C.
V1J 6K1
Phone : (250) 785-6981
Fax : (250) 785-1294

Box 180, 235 Front Street
Tumbler Ridge, B.C.
V0C 2W0
Phone : (250) 242-5591
Fax : (250) 2423109