

Early Childhood Education and Care / Education Assistant (ECEC/EA) Office

Northern Lights College

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**Northern Lights College**  
*BC's Energy College*

## Prerequisite Waiver Form

Please complete the following form, giving as much detail as possible. You will be notified, in writing, of the status of your request as soon as it has been processed.

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Date: \_\_\_\_\_ Student Number \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course Code/Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Course Prerequisites: \_\_\_\_\_

Missing Prerequisites: \_\_\_\_\_

When do you plan on taking the missing prerequisite?

Reason for request:

Please explain your reasons for requesting a waiver. Also provide details about other course work, personal and work experience that have given you with the necessary background knowledge and understanding to be successful in this course without completing the prerequisite(s) at this time.

This space for office use only:

Instructor Notes:

Waiver Granted:

Yes

No

Date:

Instructor Signature: