



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

STUDENT RESIDENCE APPLICATION FORM

PERSONAL INFORMATION

Surname: _____ First Name: _____

Email Address: _____ Birthday (M/D/Y): _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Vehicle (Optional): _____ License Plate (Optional): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Alternate Address: _____ City: _____ Province: _____ Postal Code: _____

Requested Move-In Date (M/D/Y): _____ Move-Out Date (M/D/Y): _____

ACADEMIC INFORMATION

Year of study entering: PSC 1 2 3 4 Male / Female

EMERGENCY CONTACT

Name of emergency contact: _____ Relationship: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone number: _____ E-mail address: _____

This application must be completely filled out and submitted with the signed residence contract.

The undersigned agrees to abide and be bound by the terms and conditions set forth in the Student Residence Contract. Residents wishing to terminate residency must give one month's written notice by the first day of the previous month, as stated in the student Residence Contract. The information collected on this form is used solely by the administration of the Canadian College of Naturopathic Medicine.

Date (M/D/Y): _____ Signature: _____

Canadian College of Naturopathic Medicine
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