

CANADIAN COLLEGE OF NATUROPATHIC MEDICINE
Residence Contract

Contract Period

- | | |
|--|---|
| <input type="checkbox"/> September – December | <input type="checkbox"/> September – April |
| <input type="checkbox"/> January – December | <input type="checkbox"/> September – August |
| <input type="checkbox"/> January – April | <input type="checkbox"/> January – August |
| <input type="checkbox"/> Monthly (indicate departure date) _____ | |

Name: _____
Student ID # _____
(If applicable)

Contract Conditions

Upon my admission to residence, I hereby acknowledge that I understand and agree to comply with the Residence Agreement of this contract and all terms, regulations, and policies contained in the Contract Terms and Conditions. I further understand that I am required to abide by all the policies of CCNM. I warrant that I am at least 19 years old.

I hereby accept the offer of admission to residence in accordance with the stated contract form, and agree to pay all applicable fees and charges and to remain in residence for the contracted terms. I understand that I will pay a \$300 deposit that includes a non-refundable \$50 fee. If I leave residence prior to the end of the contracted term for any reason, with less than 30 days notice, I will forfeit the remainder of my deposit. I acknowledge that I am responsible for and agree to all charges for my room and I accept responsibility for the care and proper use of all CCNM property as well as the personal property of other students. I agree to pay for any damages, fines or losses of any kind whatsoever assessed against me by CCNM administration. I may not change rooms without the written approval of the Residence Coordinator.

I acknowledge that it is my responsibility to arrange insurance coverage on my personal possessions brought into residence and that CCNM does not assume any obligation or liability for lost, stolen or damaged items under any circumstances. For valuable consideration received, I hereby release CCNM from any responsibility of any kind for damages caused to me as a result of any lost, stolen or damaged items of personal property.

Signature

Date