



The Canadian College of Naturopathic Medicine

Student Residence Application Form

PERSONAL INFORMATION

Surname _____ First Name _____

Address _____ City _____ Province _____ Postal Code _____

Telephone number _____ E-mail Address _____

Date Requiring Residence _____ Date of Birth: Day _____ Month _____ Year _____

ACADEMIC INFORMATION

Year of study entering : NCPP 1 2 3 4 Male or Female

EMERGENCY CONTACTS

Name of emergency contact _____ Relationship _____

Address _____

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 _____ Signature _____

The Canadian College of Naturopathic Medicine
1255 Sheppard Avenue East
North York, Ontario
M2K 1E2