



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

Canadian College of Naturopathic Medicine

Student Residence Application Form (External)

****Please ensure these forms are returned to the RESIDENCE DEPARTMENT ONLY****

PERSONAL INFORMATION

Surname: _____ First Name: _____

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

Home Phone: _____ Cell Phone: _____

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

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

ACADEMIC INFORMATION

Institute Attending: _____ Course of Study: _____

Duration of Program: _____ Enrollment letter: _____

EMERGENCY CONTACT

Name of emergency contact: _____ Relationship: _____

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

Telephone number: _____ E-mail address: _____

Enrollment letter: _____

Visa Information: _____ Medical Coverage: _____ **(or)** Proof of Citizenship: _____
(eg. Health Card, SIN, Driver's Licence)

**** In the event of a Residence Emergency, a text notification and updates will be sent to the College ****

This application must be completely filled out and submitted with the signed Residence Contract for Non-CCNM Students, all supporting documentation (school letter confirming enrollment), and the requisite deposit.

The undersigned agrees to abide and be bound by the terms and conditions set forth in the Student Residence Contract for Non-CCNM Students. 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
1255 Sheppard Avenue East
North York, ON M2K 1E2
RESIDENCE EMAIL : residence@ccnm.edu **FAX**: 416-498-7633

Employee Signature: _____ Date: _____