



**ccnm**  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## CCNM RESIDENCE APPLICATION FORM

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

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthday (M/D/Y): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell 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. The information collected on this form is used solely by the administration of the Canadian College of Naturopathic Medicine.

Date (M/D/Y): \_\_\_\_\_ Signature: \_\_\_\_\_

### **DAMAGE DEPOSIT CREDIT CARD AUTHORIZATION**

I hereby authorize the Canadian College of Naturopathic Medicine to deduct the sum of \$600.00 Canadian from the following credit card:

Name on credit card: \_\_\_\_\_

Type of card: \_\_\_\_\_ Visa / Mastercard

**Credit Card number:** \_\_\_\_\_

CVB number (3-digit number on back of card) \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

Date (M/D/Y): \_\_\_\_\_ Signature: \_\_\_\_\_

Canadian College of Naturopathic Medicine  
1255 Sheppard Avenue East  
Toronto, ON M2K 1E2  
**RESIDENCE EMAIL** : residence@ccnm.edu **FAX**: 416-498-7633