



CCNM
Canadian College of
Naturopathic Medicine

Confirmation of Enrolment / Confirmation of Graduation

Please note: Requests will be completed in 2 to 3 business days

Name:

Phone:

Student ID #

Email:

Year (please select):

Graduation Year:

Reason for letter:

Please indicate below to whom you would like the letter to be addressed/mailed.

Name:

Company:

Choose One:

Address:

Fax #:

Email:

Additional comments:

I hereby authorize CCNM to release information related to my enrolment at CCNM to the aforementioned party.

Student Signature:

Date:

Return this form to Student Services
Fax: 416-498-3197 / **Email:** info@ccnm.edu