



**CCNM**  
Canadian College of  
Naturopathic Medicine

## Proof of Enrolment / Confirmation of Graduation

*Please note: Requests will be completed within 5 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](mailto:info@ccnm.edu)