



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

Confirmation of Graduation

Return this form to Student Services

Please note: requests will be completed in 2 business days

Name: _____ Date: _____

Phone: _____ Email: _____

Student ID # _____ **Year Graduated:** _____

Reason for letter

Reference (e.g. good standing student) Bank Child care Other

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

Name: _____

Company: _____

Address and/or fax #: _____

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

Student Signature: _____

Canadian College of Naturopathic Medicine
1255 Sheppard Avenue East, Toronto, ON M2K 1E2
Fax: 416-498-3197 / **Email:** info@ccnm.edu