



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

REQUEST FOR DIPLOMA/NATUROPATHIC OATH

Please return the completed form to: CCNM Student Services Department
1255 Sheppard Ave. E., Toronto, ON M2K 1E2 **Fax: 416-498-3197**

Questions? Please call 416-498-1255 ext. 245

STUDENT/GRADUATE INFORMATION			
Surname	First Name		
()			
Date of Request	Phone		
<i>*Please print your name below as you would like it to appear on your diploma</i>			
<i>Write legibly, using both capital and lower-case (i.e. John E. Smith)</i>			
MAILING INSTRUCTIONS			
Street Address			
City	Province	Postal Code	Country
STUDENT SIGNATURE			
Student's signature (required for all requests): _____			
Diploma (\$75 each) # of copies _____		Naturopathic Oath (\$5 each) # of copies _____	
(Prices do not include shipping costs – these will be added to the amount authorized below)			
Choose: <input type="checkbox"/> Pick up <input type="checkbox"/> Mail out (courier charge will apply)			
PAYMENT INFORMATION AND SIGNATURE			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		Expiry (mm/yy): _____ / _____	
Credit card #: _____		CVB (3-digit # on back of card): _____	
Amount authorized: \$ _____ (+ applicable courier fee)		Signature: _____	
OFFICE USE ONLY			
Amount Paid:	Date processed:	Processed by:	