



**ccnm**  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

Canadian College of Naturopathic Medicine

**Student Residence Short Term Application Form  
(7 Days or Less)**

**PERSONAL INFORMATION**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Documentation Provided:

Move-In Date (M/D/Y): \_\_\_\_\_ Move-Out Date (M/D/Y): \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_ **PAID FULL:**  **Method of Payment:**  Visa  M/C  Debit  Cash

VERIFICATION (ID):  Credit Card  Driver's License  Passport Other: \_\_\_\_\_

**EMERGENCY CONTACT**

Name of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**This application must be completely filled out and submitted with appropriate documentation and payment.**

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: \_\_\_\_\_