

EXTERNAL RESIDENCE APPLICATION

Student Residence Application Form (External)

Please ensure these forms are returned to the RESIDENCE DEPARTMENT ONLY

| PERSONAL INFORMATION | |
|--|---|
| Surname: | First Name: |
| Email Address: | Birthday (M/D/Y): |
| Cell Phone: | |
| Requested Move-In Date (M/D/Y): | Move-Out Date (M/D/Y): |
| ACADEMIC INFORMATION | |
| Institute Attending: | Course of Study: |
| Duration of Program: | Enrolment letter: |
| EMERGENCY CONTACT | |
| Name of emergency contact: | Relationship: |
| Address: City: | Province: Postal Code: |
| Telephone number: | _ E-mail address: |
| Enrolment letter: | _ |
| Visa Information: Medical Coverage: | Proof of Citizenship: (eg. Health Card, SIN, Driver's License) |
| The undersigned agrees to abide and be bound to The information collected on this form is used solel | filled out and submitted with the signed residence contract. by the terms and conditions set forth in the Student Residence Contract. ly by the administration of the Canadian College of Naturopathic Medicine. |
| Date (M/D/Y): | _Signature: |
| If there is availability for your application, you will be You must then go online and process the payment your Booking ID in order to finalise your booking | DSIT CREDIT CARD AUTHORIZATION e emailed a Booking ID and a link to make your deposit payment. with your Booking ID. This must happen within 48 hours from receiving pay \$600 (CAD) deposit as set forth on the residence fee schedule within |

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