



CCNM RESIDENCE

Canadian College of Naturopathic Medicine

****Please ensure these forms are returned to the RESIDENCE DEPARTMENT ONLY****

CCNM STUDENT RESIDENCE SUMMER APPLICATION

Personal Information:

Surname: _____ First Name: _____
Preferred Name: _____ Pronouns: _____
Email Address: _____ Date of Birth (MM/DD/YYYY): _____
Home Phone: _____ Cell Phone: _____
Home Address: _____

We require a copy of government-issued photo identification (driver's license, passport, etc.) to be provided with your application.

Requested Dates for Stay:

Move in date (MM/DD/YYYY): _____ Move-Out date (MM/DD/YYYY): _____

Please note that the summer term ends on August 15. If you shall be remaining in residence for the rest of the school year, please contact residence@ccnm.edu.

Academic Information:

Year of Study (circle which applies): Year 1, Year 2, Year 3, Year 4, IMG 1, IMG 2

Emergency Contact:

Name of emergency contact: _____ Relationship: _____
Address: _____ City: _____ Province: _____ Postal Code: _____ Country: _____
Telephone number: _____ E-mail address: _____

This application must be completely filled out and submitted.

The applicant represents and warrants all information provided above is true.

The information collected on this form is used solely by the administration of the Canadian College of Naturopathic Medicine.

Date (MM/DD/YYYY): _____ Signature: _____

CCNM Employee Signature: _____ Date: _____

Canadian College of Naturopathic Medicine
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