



# CCNM RESIDENCE

Canadian College of Naturopathic Medicine

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

## SHORT TERM STAY APPLICATION

Kindly note that CCNM Residences enforces a strict one person per room policy. As such, we require each person to complete a separate Short Term Stay Application.

### **Personal Information:**

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

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reason for stay (required): \_\_\_\_\_

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

### **Requested Dates of Stay:**

Check In (MM/DD/YYYY): \_\_\_\_\_ Check Out (MM/DD/YYYY): \_\_\_\_\_

Kindly note that check in starts at 5:00PM and visitors must check out by 11:00AM on the last day of their stay.

Will there be any individuals under the age of 18 staying with you?: \_\_\_\_\_

### **Emergency Contact:**

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

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

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: \_\_\_\_\_

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