



CCNM RESIDENCE

Canadian College of Naturopathic Medicine

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

STUDENT RESIDENCE SUMMER APPLICATION (EXTERNAL, NON-CCNM)

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 all residents are required to move out by August 15, 2023.

Academic Information:

Institute Attending: _____ Course of Study: _____

Duration of Program: _____ Year of Study: _____

Please provide a copy of your enrollment letter or proof of enrollment with your application. You consent to CCNM contacting your academic institute to confirm your enrollment.

Are you completing a co-op placement during your stay? (circle which applies): Yes/No

If yes, who is your co-op employer?: _____ What are the start and end dates of your placement: _____

Please provide a copy of your co-op employment offer letter with your application. You consent to CCNM contacting your co-op placement employer to confirm your employment.

Emergency Contact:

Name of emergency contact: _____ Relationship: _____

Address: _____ City: _____ Province: _____ Country: _____ Postal Code: _____

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: _____

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