



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)

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Personal Information:

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

Commented [RS1]: Fields for preferred Pronouns and Name, as last time we had to send out a different form to then-current residents, to get this information.

Commented [AS2]: Vaccine proof still needed?

Commented [SQ3R2]: To Ali: added language to this end, but as this is an ongoing conversation, we may need to update the forms at a later date and remove this line.

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

You must submit proof of your COVID-19 vaccine with your application.

Commented [SQ4]: **MUST BE REMOVED AFTER JULY**

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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.

Commented [AS5]: Should we cap it at August 15 for move out and indicate on this on form

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.

Commented [AS6]: For anyone who is not on co-op but a student in transition/should we indicate that summer term is ok?

Commented [SQ7R6]: To Ali: co-op students are still registered with a school. Students in transition (those who have graduated) need to be switched over to a short term stay and sign the short term agreement.

Emergency Contact:

Name of emergency contact: _____ Relationship: _____

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

Commented [AS8]: Country/ state?

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
1255 Sheppard Avenue East
North York, ON M2K 1E2
RESIDENCE EMAIL : residence@ccnm.edu