



CCNM
Canadian College of
Naturopathic Medicine

CCNM RESIDENCE APPLICATION FORM

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

PERSONAL INFORMATION

Surname: _____ First Name: _____ Email Address: _____

Birthday (M/D/Y): _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Vehicle (Optional): _____ License Plate (Optional): _____

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

Requested Move-In Date (M/D/Y): _____ Move-Out Date (M/D/Y): _____

ACADEMIC INFORMATION

Year of study entering: PSC 1 2 3 4

EMERGENCYCONTACT

Name of emergency contact: _____ Relationship: _____

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

Telephone number: _____ E-mail address: _____

This application must be completely filled out and submitted with the signed residence contract.

The undersigned agrees to abide and be bound by the terms and conditions set forth in the Student Residence Contract. The information collected on this form is used solely by the administration of the Canadian College of Naturopathic Medicine.

Date (M/D/Y): _____ Signature: _____

DAMAGE DEPOSIT CREDIT CARD AUTHORIZATION

If there is availability for your application you will be supplied a Booking ID and amount to be paid.

You must then go online and process the amount with your Booking ID. This must happen within 48 hours from receiving your Booking ID in order to finalise your booking

I hereby agree that I will adhere to the above and pay \$600 (CAD) within 48 hours to guarantee my booking

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