



---

Canadian College of Naturopathic Medicine

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

**PERSONAL INFORMATION**

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

Email Address: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_

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

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

**ACADEMIC INFORMATION / WORK INFORMATION**

Institute Attending: \_\_\_\_\_

---

---

**EMERGENCY CONTACT**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

---

---

**This application must be completely filled out and submitted.**

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: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Canadian College of Naturopathic Medicine  
1255 Sheppard Avenue East  
North York, ON M2K 1E2  
**RESIDENCE EMAIL** : residence@ccnm.edu