

75 QUEEN'S PARK CRESCENT TORONTO, ONTARIO M5S 1K7 CANADA

T 416 585 4539
F 416 585 4516
EC.OFFICE@UTORONTO.CA
WWW.EMMANUEL.UTORONTO.CA

## Letter of Recommendation Cover Sheet for Special Status and Diploma Students

To the Applicant

Complete the information below and give your reference this form. The person providing the letter should send the completed reference <u>directly</u> to Emmanuel College by post, email or fax. If they choose to send their letter of recommendation by mail please provide them with sufficient postage and an envelope addressed to the Office of Admissions at Emmanuel College

Applicant's Name:	o of Hamissions at Emmander Conege
Applicant's Name:	
☐ I hereby waive my right of access t	to this recommendation.
Signature	Date
To the person writing this letter of reco	ommendation
appreciate your candid assessment of the attach your letter on letterhead, if possing College by mail, fax or email. If you che	portant role in the admission process and therefore we he applicant's capacities and motivation for study. Please ible, to this form and return them <u>directly</u> to Emmanuel hoose to send them by email, kindly scan both documents and <u>nuel.admissions@utoronto.ca</u> . The admissions committee may
on the following: (a) intellectual and ac	ne length of time you have known the applicant, and comment cademic strengths or weaknesses; (b) critical and analytical l communication abilities; (e) integrity; (f) motivation and
Name of Reference	Date
Signature	Position
Institution Name	
Institution Address	

Email	Phone Number

Please return this form with your letter of recommendation to:

OFFICE OF ADMISSIONS EMMANUEL COLLEGE 75 QUEEN'S PARK CRESCENT TORONTO, ONTARIO M5S 1K7 CANADA

Fax. 416-585-4516

Email: <a href="mailto:emmanuel.admissions@utoronto.ca">emmanuel.admissions@utoronto.ca</a>