



EMMANUEL COLLEGE
OF VICTORIA UNIVERSITY IN
THE UNIVERSITY OF TORONTO

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: Non-Conjoint Non-Degree Basic

To the Applicant

Complete the information below and give your reference this form and a reply envelope with sufficient postage addressed to Emmanuel College. The person providing the letter should send the completed reference directly to Emmanuel College.

Applicant's Name: _____

Program(s) to which you are applying: _____

I hereby waive my right of access to this recommendation.

Signature _____ Date _____

To the person writing this letter of recommendation

Academic reference: please indicate your relationship and the length of time you have known the applicant, and comment on the following: (a) intellectual and academic strengths or weaknesses; (b) critical and analytical skills; (c) maturity; (d) written and oral communication abilities; (e) integrity; (f) motivation and initiative; and (g) personal judgment.

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
Fax. 416-585-4516; Email: emmanuel.admissions@utoronto.ca