



## Letter of Recommendation Cover Sheet

### *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:

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Program(s) to which you are applying:

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I hereby waive my right of access to this recommendation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### *To the person writing this letter of recommendation*

Letters of recommendation play an important role in the admission process and therefore we appreciate your candid assessment of the applicant's capacities and motivation for study. Please attach your letter on letterhead, if possible, to this form and return them directly to Emmanuel College by mail, fax or email. If you choose to send them by email, kindly scan both documents and email them as an attachment to [leanne.oneil@utoronto.ca](mailto:leanne.oneil@utoronto.ca). The admissions committee may contact you to verify the reference.

If you are providing a **minister/pastoral** or **personal reference** please indicate your relationship and the length of time you have known the applicant, and comment upon the following: (a) character and personality; (b) emotional stability; (c) theological and faith commitments; (d) ability to work with and learn from others who have different theological beliefs, commitments, cultures and lifestyles; and (e) potential for ministry and/or theological study.

If you are providing an **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.

If you are providing a reference as a **music teacher or music peer** please indicate the nature of your relationship and the length of time you have known the applicant, and comment on the following: (a) the applicant's musical ability; and (b) the applicant's suitability for studies in advanced liturgical music.

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: [leanne.oneil@utoronto.ca](mailto:leanne.oneil@utoronto.ca)