



UNIVERSITY OF TORONTO  
FACULTY OF ARTS & SCIENCE

Date

Recipient Information

To Whom It May Concern:

**RE: Eligibility to Graduate for [Student Name]**

This is to certify that [Student Name] has completed the requirements for an [Degree Type] degree which the student has requested to have conferred at the [June/November (year)] Convocation. The student has completed the requirements of a [Specialist/Major/Minor] in [Program Name].

If you have any further questions, please contact our office at 416-978-3384 or [ask.artsci@utoronto.ca](mailto:ask.artsci@utoronto.ca).

Yours Sincerely,

[signature of signatory or their proxy]

[name of signatory]

[title of signatory]