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Date:

To whom it may concern:

This letter is to confirm that the University of Toronto student identified below will be undertaking a research course / project that is necessary for their degree study at the University of Toronto.

Name of Student:

University of Toronto Student Number:

Program Department:

Program of Study:

Semester(s) during which research will be undertaken:

This student will need to meet the immunization and/or medical testing prerequisites where they are undertaking the research. The student will provide the required immunization form / checklist.

Sincerely,

Department:

Department Contact:

Position Title:

Signature:

Date:

*Form version: 20230419*