



UNIVERSITY OF TORONTO  
FACULTY OF DENTISTRY

**REQUEST FOR A LETTER CONFIRMING ENROLMENT IN THE FACULTY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Year: \_\_\_\_\_

Is this letter for a Financial Institution? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Below state briefly the content of the letter you are requesting.

Letter may take up to 5 working days

There is a \$7.00 (exact amount please) charge for letters of confirmation.

Payment received \_\_\_\_\_

Request received by \_\_\_\_\_