DATE

Dr. Gillian Hawker
Chair, Department of Medicine
University of Toronto

C. David Naylor Building,

6 Queen’s Park Crescent West, 3rd Floor,

Toronto, Ontario M5S 3H2

Dear Dr. Hawker,

Re: Professor [*Emeritus/Emerita*] – Dr. FACULTY NAME

I am requesting that Dr. FACULTY NAME be appointed the rank of Professor [*Emeritus/Emerita*] effective DATE. Dr. FACULTY NAME was appointed [….*history of appointment and rank*…].

Dr. FACULTY NAME joined the Division of […*history of hospital appointments and clinical service*…].

Dr. FACULTY NAME […*notable career highlights, CPA, or service*…].

Dr. FACULTY NAME’s contribution to this hospital and to the larger University and clinical community is invaluable and I have no reservations in recommending [*him/her*] for this appointment.

SIGNATURE BLOCK