

# University of Calgary<sup>1</sup>

2500 University Drive NW  
Calgary, AB T2N 1N4



**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE

May 15, 2020<sup>2</sup>

RE: Dr. Maria Acosta<sup>3</sup>  
Apt 123, 1500 Circle Crescent NW  
Calgary, AB T2T 2T2

To Whom It May Concern:

Dr. Maria Acosta was enrolled in a Master of Science Program as a full-time<sup>4</sup> student in Cardiovascular and Respiratory Sciences at the University of Calgary. She was enrolled from September 2, 2014, until May 6, 2016<sup>5</sup>. During this period, there were no recorded absences for her in class schedule and to the best of my knowledge; no time was spent outside of Alberta during class months<sup>6</sup>. In the first year, Dr. Acosta completed fulltime coursework (3 courses per semester in Fall and Winter). In the second year of study, she worked on her research and thesis. This included bi-weekly meetings with myself as well as weekly participation as a Teaching Assistant for one course each in Fall and Winter semesters.

Should you have any questions or require further information regarding the above, please contact me on my direct telephone line at 1 403 555 5555<sup>7</sup>.

*Respectfully,*  
<sup>8</sup>

Chuck Phyllis, Professor of Cardiovascular and Respiratory Sciences  
University of Calgary

<sup>1</sup> Printed on institution's letterhead and include institution address

<sup>2</sup> Date letter was prepared, must not be before May 15, 2020

<sup>3</sup> Applicant's name and address

<sup>4</sup> Applicant's enrollment status (e.g. full-time, part-time)

<sup>5</sup> Length of program applicant was enrolled for

<sup>6</sup> Any extended absences from class

<sup>7</sup> Supervisor/Appointed Representative contact information **in Alberta** (work # preferred), including title

<sup>8</sup> Signed by Supervisor or Appointed Representative