

# Request for Academic Leave of Absence

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[University/College Name]

[Department Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a leave of absence from my studies for medical reasons. Due to [briefly explain medical condition, if comfortable], I am unable to continue my coursework at this time.

My doctors have advised that I take a leave to focus on my recovery, and I believe this is the best course of action to ensure my health and academic success in the long run. I kindly request that my leave be effective from [start date] to [end date], during which time I hope to make significant progress in my recovery.

I would greatly appreciate your understanding and support during this time. Please let me know if you require any documentation or further information regarding my medical condition and the need for my leave.

Thank you very much for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Student ID]