

Application for Deferral of University Course

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[University Name]

[Department Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a deferral of my university course due to ongoing health issues that I am currently facing.

Due to [briefly explain your health condition, e.g., a serious medical condition, mental health challenges, etc.], I am unable to fully participate in my studies at this time. I have consulted with my healthcare provider, who has advised that taking a break from my studies will be beneficial for my recovery.

I kindly request that my enrollment in [Course Name/Program Name] be deferred until [proposed deferral period or next semester]. I believe this time will allow me to regain my health and return to my studies with renewed focus and commitment.

Please find attached any relevant medical documentation to support my request. I appreciate your understanding and support in this matter and look forward to your favorable response.

Thank you for considering my application.

Sincerely,

[Your Name]