## **Tuition Fee Waiver Request for Ongoing Medical Expenses**

Date: [Insert Date]

To,

The Financial Aid Office [University/College Name] [Address Line 1] [Address Line 2]

Dear [Recipient's Name],

I am writing to formally request a tuition fee waiver due to my ongoing medical expenses. As a current student in the [Your Program] program, I have been dedicated to my studies, but my recent medical situation has created significant financial challenges.

Due to [briefly explain the medical condition and its impact on your finances], I have been incurring substantial costs related to treatments and medications. These expenses are affecting my ability to pay for my education, and I believe that a tuition fee waiver would greatly assist me in continuing my studies without the added financial burden.

I have attached all necessary documentation, including medical bills and statements, as well as any other relevant financial information for your review. I understand the importance of adhering to the institution's guidelines and appreciate your consideration of my request.

Thank you for your time and understanding. I am hopeful for a favorable response and am more than willing to discuss this matter further if needed.

Sincerely,
[Your Name]
[Your Student ID]
[Email Address]
[Phone Number]