

Application for Permission to Retake Examination

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Recipient Name

Title
Institution Name
Institution Address
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally request permission to retake the [Name of Examination] that I was unable to perform adequately on due to [reason for request, e.g., illness, personal circumstances].

Despite my best efforts, I faced challenges that impacted my performance. I have since been working diligently to prepare for a retake and believe that I can demonstrate my knowledge and skills effectively.

I kindly ask you to consider my request for a retake. I am willing to comply with any procedures or conditions set forth by the institution for this process.

Thank you for considering my application. I look forward to your positive response.

Sincerely,
[Your Name]