

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Title]

[School/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an adjustment to my exam schedule for [Course Name or Code]. Due to [brief explanation of the reason, e.g., medical reasons, personal obligations], I am unable to sit for the exam on the original date of [Original Exam Date].

I kindly ask if it would be possible to reschedule my exam to [Proposed New Date(s)]. I understand the implications of such a change and assure you that I will adhere to any requirements necessary for this adjustment.

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

Sincerely,

[Your Name]