

# Application for Academic Leave of Absence

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

[Recipient's Name]  
[Recipient's Position]  
[University/College Name]  
[Department Name]  
[University Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an academic leave of absence for [specify duration, e.g., one semester] due to health issues that have impacted my ability to perform effectively in my studies.

After consulting with my healthcare provider, I believe that taking this leave will allow me to focus on my recovery and return to my academic responsibilities with renewed strength. I have attached relevant medical documentation to support my request.

I am committed to maintaining communication with you and my instructors during this period, and I will ensure a smooth transition for any ongoing coursework or responsibilities I may have.

Thank you for considering my application. I hope to receive your understanding and support for my situation.

Sincerely,  
[Your Name]  
[Student ID (if applicable)]