

# Request for Change of Exam Date

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

[Date]

[Recipient Name]  
[Institution/School Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a change in my exam date for [Course Name/Exam Title], which is currently scheduled for [Original Date]. Unfortunately, due to a recent illness that has significantly impacted my ability to prepare effectively, I find myself in need of an adjusted schedule.

I have consulted with my healthcare provider, and they advise that I may need additional time to recover fully. I kindly request that my exam be rescheduled to [Proposed New Date], if at all possible. I believe that this adjustment will allow me to perform to the best of my abilities.

Thank you for considering my request. I am willing to provide any necessary documentation to support my case and I appreciate your understanding in this matter.

Sincerely,  
[Your Name]