

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

Examination Office
Name of Institution
Institution Address
City, State, Zip Code

Dear [Name of the Officer],

I am writing to formally request a deferment of my upcoming examination scheduled for [date of examination] due to illness. I have been experiencing [briefly describe illness or condition] which has significantly impacted my ability to prepare effectively.

I have attached a medical certificate from my physician confirming my condition and advising against taking the exam at this time.

I would greatly appreciate your understanding and consideration of my request. I am hopeful to reschedule my examination for a later date when I can perform to the best of my abilities.

Thank you for your attention to this matter. I look forward to your favorable response.

Sincerely,
[Your Name]
[Your Student ID Number]