

# Request for Temporary Grade Exemption

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[School/Institution Name]

[School Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a temporary grade exemption due to medical reasons that have significantly affected my ability to perform academically.

Due to [briefly explain the medical condition], I have been experiencing [explain the effects on your studies, e.g., fatigue, inability to concentrate]. I have attached documentation from my healthcare provider to support my request.

I kindly ask for your understanding and support during this time, and I would appreciate any consideration you can provide for a temporary exemption from my current grade requirements until my situation improves.

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

Sincerely,

[Your Name]

[Attachments: Medical Documentation]