

Request for Leave of Absence

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Department or Office Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name or "University Administration"],

I am writing to formally request a leave of absence from my studies at [University Name] for the duration of [Specify Duration: e.g., one semester, one year] due to [Explain Reason: personal, medical, family issues, etc.]. I aim to return to my studies on [Expected Return Date].

During my time away, I will ensure that my academic responsibilities are managed and that I remain in good standing with the university policies. I have attached any necessary documentation to support my request.

I appreciate your understanding and support regarding this matter. Please let me know if you require any additional information.

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

Sincerely,

[Your Name]

[Student ID Number]