

# Application for Academic Workload Modification

Date: [Insert Date]

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

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

Dear [Recipient's Name],

I am writing to formally request a modification to my current academic workload for the [specify semester/term] due to [briefly explain the reasons, e.g., health issues, personal circumstances, etc.].

I understand the importance of maintaining academic standards, and I assure you that this request is made after careful consideration of my situation. [Optional: Briefly mention any previous discussions or meetings regarding this matter.]

I would appreciate your understanding and support in this matter, and I am willing to discuss any possible adjustments that could be made. Please let me know if you require any further documentation or information regarding my request.

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

Sincerely,

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