

# Request for Reduced Academic Responsibilities

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Department/School Name]

[Institution Name]

[Institution Address]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a reduction in my academic responsibilities for the upcoming semester due to [brief explanation of the reason, e.g., health issues, family commitments, etc.].

As a committed student in [Your Program/Field of Study], I have always prioritized maintaining a high standard of academic performance. However, I believe that a temporary reduction in my responsibilities is essential for my well-being and continued success.

I kindly request to [specific request, e.g., reduce course load, postpone projects, etc.], which I believe will allow me to manage my commitments more effectively. I am open to discussing how best to accommodate this request and am willing to work with you to find a suitable solution.

Thank you for considering my request. I appreciate your understanding and support during this time. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]