

Request for Hardship Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a hardship extension regarding [specific deadline or obligation] due to ongoing medical issues that have significantly impacted my ability to meet the expected requirements.

Over the past several months, I have been dealing with [briefly describe medical condition] which has hindered my [mention specific impact on studies/work]. Despite my efforts to manage my responsibilities, the circumstances have proven to be overwhelming.

In light of these challenges, I kindly request an extension until [proposed new deadline] to fulfill my obligations. This additional time would greatly assist me in ensuring that I can complete my work to the best of my ability, without compromising my health.

Thank you for considering my request. I appreciate your understanding and support during this difficult time. Please let me know if you need any additional documentation or information regarding my situation.

Sincerely,

[Your Name]