

Re-Admission Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Office of Admissions

[College/University Name]

[College/University Address]

[City, State, Zip Code]

Dear Admissions Office,

I hope this message finds you well. My name is [Your Name], and I am writing to inquire about the possibility of re-admission to [College/University Name] following my medical leave of absence.

Due to [briefly explain your medical situation, e.g., a serious illness or injury], I was unable to continue my studies during the [insert semester/year]. I have since recovered and am eager to return to my academic pursuits.

I would appreciate any guidance on the re-admission process, including any necessary documentation or deadlines that I need to be aware of. Please let me know if there are forms I need to complete or additional information you may require.

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

Sincerely,

[Your Name]

[Your Student ID (if applicable)]