

Request for Extended Medical Leave

Date: [Insert Date]

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

[Recipient's Name]
[Recipient's Title]
[Institution/Organization Name]
[Institution Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extended medical leave from my academic responsibilities due to a recent health issue that requires my immediate attention and recovery time.

My medical provider has advised that I take a leave of absence starting from [Start Date] to [End Date] in order to focus on my recovery. During this time, I will be unable to attend classes and complete assignments as required.

I am committed to maintaining my academic progress and would appreciate any accommodations you could provide, such as online resources, extensions on assignments, or a leave of absence from my classes during this period.

I have attached a letter from my healthcare provider confirming my need for this leave. Please let me know if you require any additional documentation or information.

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

Sincerely,

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