

# Medical Leave Application

Date: [Insert Date]

To,  
The Dean,  
[University Name],  
[University Address],  
[City, State, Zip Code]

Subject: Application for Semester Medical Leave

Respected Sir/Madam,

I am [Your Name], a student of [Your Course/Program Name], bearing roll number [Your Roll Number]. I am writing to formally request a medical leave for the current semester due to [briefly mention your medical condition].

Due to my health condition, I am unable to attend classes and participate in academic activities. My doctor has advised me to take proper rest and avoid stress for a period of [duration of leave], starting from [start date] to [end date]. I have attached my medical certificate for your reference.

I kindly request you to grant me leave for the mentioned period and allow me to resume my studies from [resumption date]. I assure you that I will make all efforts to catch up on the missed coursework during my absence.

Thank you for considering my application. I look forward to your positive response.

Sincerely,  
[Your Name]  
[Your Contact Information]  
[Your Email Address]