

# Short-Term Medical Leave Request

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

[Recipient's Name]  
[College/University Name]  
[Department/Office Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a short-term medical leave from [Start Date] to [End Date] due to [brief reason for leave, e.g., a medical condition, surgery, etc.]. During this period, I will be unable to attend classes or fulfill my academic responsibilities.

I have attached the necessary medical documentation to support my request. I will ensure that I remain up to date with my coursework and will coordinate with my professors to discuss how I can catch up on missed assignments.

Thank you for your understanding and support during this time. Please let me know if you require any further information or documentation.

Sincerely,

[Your Name]  
[Your Student ID]