

**[Your Name]**

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[University Name]**

[Office of Admissions/Registrar]

[University Address]

[City, State, Zip Code]

**Subject: Application for Deferral of Study Due to Health Concerns**

Dear [Admissions Officer/Registrar's Name],

I am writing to formally request a deferment of my studies in the [Your Program Name] program at [University Name], which I am scheduled to begin on [Start Date]. Due to unforeseen health concerns, I believe it is in my best interest to postpone my enrollment until [Proposed Start Date].

Unfortunately, I have been diagnosed with [Brief Description of Health Issue], which has hindered my ability to prepare adequately for my studies. I have attached relevant medical documentation to support my request.

I am very committed to my education and would appreciate your understanding and support in allowing me to defer my studies. Please let me know if there are any forms or further information you require.

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

Sincerely,

[Your Name]