

Health Leave Declaration

Date: [Insert Date]

To,
The Registrar,
[University Name],
[University Address].

Subject: Health Leave Declaration

Dear Sir/Madam,

I, [Your Name], a student of [Your Degree Program] with the student ID [Your Student ID], am writing to formally declare my health-related leave from the university.

Due to [brief description of health issue], I have been advised by my doctor to take rest and refrain from attending classes from [Start Date] to [End Date]. I am attaching a medical certificate from my healthcare provider for your reference.

I kindly request you to grant me leave for the mentioned duration and allow me to take necessary leaves as per university policy. I assure you to keep up with my studies and assignments during the said period.

Thank you for your understanding and support.

Sincerely,
[Your Name]
[Your Contact Information]
[Your Degree Program] - [Your Year]