

Request for Medical Leave

Date: [Insert Date]

[Your Name]

[Your Student ID]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient's Name]

[Title/Position]

[University Name]

[Department/Office]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a medical leave of absence from my studies at [University Name] for mental health reasons. After consulting with my healthcare provider, it has been recommended that I take some time off to focus on my well-being and recovery.

I would like to request leave starting from [Start Date] to [End Date], during which I will prioritize my mental health. I have attached the necessary documentation from my healthcare provider to support my request.

I appreciate your understanding and support during this challenging time. I look forward to your favorable response so that I can manage my mental health effectively and return to my studies reinvigorated.

Thank you for considering my request. Please let me know if you need any further information.

Sincerely,

[Your Name]