

Appeal for Graduation Requirement Modification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Title]

[Department/Office Name]

[University/College Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for a modification of my graduation requirements due to [briefly explain your reason, e.g., extenuating circumstances, health issues, etc.]. Despite my efforts to meet the requirements, I find myself in a position where a modification is necessary for my academic progress.

[Insert further details about your situation, including any relevant dates, courses, or personal challenges you have faced].

I have attached supporting documents that outline my circumstances and the steps I have taken to fulfill the requirements. I kindly request your understanding and assistance in this matter.

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

Sincerely,

[Your Name]

[Your Student ID]