

Application for Special Consideration in Graduation Requirements

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Department Name]

[University Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request special consideration regarding my graduation requirements for the [Degree Program Name] at [University Name]. Due to [briefly explain the reason - e.g., unforeseen circumstances, medical issues, personal challenges], I am unable to meet the standard requirements by the expected graduation date of [Expected Graduation Date].

Throughout my time at [University Name], I have consistently strived to maintain high academic standards, as evidenced by my [mention any achievements, relevant coursework, or contributions]. However, [describe specific challenges encountered and how they impacted your academic performance].

I kindly ask for your understanding and support in allowing me to [propose alternatives, such as extending deadlines, substituting courses, or any other adjustments]. I believe this will enable me to meet the necessary requirements to graduate in a timely manner while maintaining the integrity of my education.

Thank you for considering my application. I am hopeful for a favorable response and am willing to provide any additional information or documentation needed.

Sincerely,

[Your Name]