

Request for Graduation Requirement Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Department/Office Name]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver for the [specific requirement, e.g., "foreign language requirement"] as part of my graduation requirements for [degree name, e.g., "Bachelor of Arts in History"].

Due to [brief explanation of reasons, e.g., "my learning disability that affects my ability to learn additional languages"], I believe that fulfilling this requirement would pose significant challenges for me. I have [mention any supporting actions, e.g., "successfully completed alternative coursework"] and am committed to my academic success.

I kindly ask that you consider my situation and grant me a waiver for this requirement. I am happy to provide any necessary documents or meet to discuss this matter further.

Thank you for your time and consideration. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Student ID]