

# Application for Exam Modifications

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request modifications to the upcoming [Name of Exam] scheduled for [Exam Date] due to [briefly explain reason, e.g., a medical condition, disability, or personal circumstance].

As a [Your Year/Program, e.g., second-year student in the Biology program], I have been experiencing [mention the issue and its impact on your exam performance]. In light of this, I kindly request the following modifications:

- [Modification 1]
- [Modification 2]
- [Modification 3]

Attached are my supporting documents, including [mention any relevant documents, e.g., medical certificate, professional assessments]. I appreciate your understanding and consideration of my request, as it will significantly assist me in performing to the best of my abilities.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]