

# Request for Examination Retake Approval

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request approval to retake the [specific examination name] that was held on [date of original exam]. Unfortunately, I was unable to perform to the best of my ability due to [brief explanation of the reason, e.g., illness, personal circumstances].

I understand the importance of maintaining academic integrity and have taken steps to address the circumstances that affected my performance. I am committed to demonstrating my understanding of the material and ensuring that I meet the academic standards set by [Institution/Organization Name].

I would greatly appreciate your consideration of my request for a retake. Please let me know if there are any forms or procedures I need to complete to facilitate this process.

Thank you for your time and understanding. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Student ID Number]