

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Organization/School Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for CXC Exam Exemption

I hope this letter finds you well. I am writing to formally request an exemption from the upcoming CXC examinations scheduled for [Date of Exam(s)].

[Briefly explain your reasons for the request, such as medical conditions, personal circumstances, or other valid reasons.]

I have attached [any necessary documents, such as medical certificates or supporting letters] to provide further context regarding my situation.

I greatly appreciate your understanding and consideration of my request.

I am hopeful for a positive response and am willing to provide any further information required.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID (if applicable)]