

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[UHS/University Name]
[University Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a medical leave of absence from [start date] to [end date] due to [brief description of medical issue or reason for leave]. I have attached the required documentation from my healthcare provider to support my request.

During my absence, I will ensure that [brief explanation of any arrangements made for coursework or responsibilities, if applicable]. I am committed to keeping up with my studies and will stay in touch with my professors during this time.

Thank you for considering my request. I appreciate your understanding and support. Please let me know if you require any additional information.

Sincerely,

[Your Name]
[Your Student ID (if applicable)]