

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

[Recipient Name]
[University Name]
[Department Name]
[University Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: Request for UJ Waiver for Medical Reasons

I hope this letter finds you well. I am writing to formally request a waiver of [specific requirement, e.g., tuition fees, course prerequisites] due to medical reasons that have impacted my ability to [briefly explain how your health affects your academic performance or requirements].

[Provide a brief description of your medical condition, including diagnosis and how it affects your studies. If applicable, mention any documentation or attached medical records that validate your situation.]

I kindly request your understanding in this matter and hope for a favorable response that considers my circumstances. I am committed to my studies and am eager to continue my education at [University Name].

Thank you for considering my request. I look forward to your understanding and support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID Number if applicable]

[Attachment: Medical Documentation]