**To:** Director/Undergraduate Studies, FoB

**From:** [Your name with initials and department]

**Request for Long Term Medical Leave**

I, [Your name], with index no [index no], request leave from …………………….to………………... on medical grounds.

|  |
| --- |
| [Include a short description of your illness/medical issue] |

I understand that I may be granted leave for one or two semesters and may need to pursue academic activities with next batch/batches.

……………………………………….

Signature of the Student

Date: …………………………..