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

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

**Request for Short 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] |

The total number of working days in the leave requested is …………….. I understand and agree to take the responsibility to cover any missed academic activities during my absence.

……………………………………….

Signature of the Student

Date: …………………………..