

Academic Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[University/College Name]

[Department Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an academic withdrawal from my courses for the [insert semester/year] due to personal reasons that I am currently facing. After careful consideration, I believe this is the best decision for my well-being and future academic success.

I have enjoyed my time at [University/College Name] and appreciate the support I have received from faculty and staff during my studies. I would be grateful for your understanding regarding my situation.

Thank you for considering my request. I would appreciate any guidance on the next steps I need to follow to complete this process.

Sincerely,

[Your Name]

[Student ID Number]