

Academic Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Office of the Registrar/Relevant Department]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name or Office of the Registrar],

I hope this message finds you well. I am writing to formally request an academic withdrawal from my studies at [University Name] due to ongoing health complications that have significantly impacted my ability to perform academically.

After careful consideration and upon the advice of my healthcare provider, I believe that it is in my best interest to take a step back from my studies to focus on my health and recovery. My student ID is [Your Student ID], and I am currently enrolled in the [Name of Program/Department], having completed [Number of Credits Completed] credits.

I understand the implications of this withdrawal and am prepared to follow any necessary procedures to ensure a smooth process. I would appreciate any guidance you can provide regarding the next steps I need to take, as well as information about any financial aid or tuition adjustments that may be applicable.

Thank you for your understanding and support during this challenging time. I look forward to your prompt response.

Sincerely,

[Your Name]