

Academic Withdrawal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Department/Office Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an academic withdrawal from my courses for the current semester due to mental health considerations. After careful consideration and in consultation with my healthcare provider, I believe that taking this step is necessary for my well-being and academic success.

I have been experiencing challenges that have significantly affected my ability to perform academically. Despite my efforts to manage these issues, I find that I require more time to focus on my mental health. I am committed to returning to my studies once I am in a better position to succeed.

I kindly ask for your understanding and support in this matter. Please let me know if there are any forms or procedures I need to complete to facilitate this withdrawal.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Student ID]