

Withdrawal Request for Mental Health Reasons

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Title/Position]

[Institution Name]

[Department Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request my withdrawal from [Course Name, Course Code], which I am currently enrolled in for this semester.

Due to ongoing mental health challenges that have surfaced recently, I have found it increasingly difficult to manage my coursework and maintain my well-being. After much consideration and consultation with my healthcare provider, I believe that withdrawing from this course is in my best interest at this time.

Please let me know if there are any specific procedures I need to follow or if additional information is required to process my request. I appreciate your understanding and support regarding this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]