

Withdrawal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Admissions Office]

[Medical School Name]

[School Address]

[City, State, Zip Code]

Dear Admissions Committee,

I hope this message finds you well. I am writing to formally withdraw my application for admission to [Medical School Name] for the [academic year/term]. After careful consideration, I have decided to pursue other opportunities that align more closely with my current goals.

I want to express my gratitude for the time and consideration given to my application. I appreciate the opportunity to be a part of your esteemed selection process.

Thank you for your understanding, and I wish the best for your future classes and the continued success of [Medical School Name].

Sincerely,

[Your Name]