

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Recipient's Name  
Title/Position  
Department/Office Name  
Institution's Name  
Institution's Address  
City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally request the withdrawal from [Course Name], with the course code [Course Code], for the [Semester/Term] of [Year].

Due to [brief explanation of your reason, e.g., personal circumstances, health issues, or schedule conflicts], I find it necessary to withdraw from this course.

I understand the implications of this decision and appreciate your consideration of my request. Please let me know if there are any forms or procedures I need to complete to finalize this withdrawal.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]