

Withdrawal Request from Academic Course

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[University/College Name]

[Department/Office Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a withdrawal from the [Course Name] course that I am currently enrolled in for the [Semester/Year]. Due to [brief reason for withdrawal, e.g., personal reasons, health issues, or scheduling conflicts], I have decided that it is in my best interest to withdraw from this course.

I appreciate the support and understanding from the faculty and administration during this time. I would like to request confirmation of my withdrawal, and if possible, any information regarding the impact on my academic record.

Thank you for your attention to this matter. Please let me know if you require any further information or documentation.

Sincerely,

[Your Name]

[Student ID (if applicable)]