

# Notice of Cessation of Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Registrar/Relevant Recipient's Name],

I am writing to formally notify you of my decision to cease my enrollment at [Institution Name], effective immediately as of [Last Date of Attendance].

Due to [brief reason for cessation, e.g., personal circumstances, financial issues, etc.], I am unable to continue my studies at this time. I appreciate the educational opportunities provided by [Institution Name] and the support I've received during my time here.

Please let me know if there are any formalities I need to complete or any documentation I need to submit to finalize my withdrawal.

Thank you for your understanding.

Sincerely,

[Your Name]