Course Withdrawal Due to Health Issues

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Academic Advisor/Registrar's Office]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a withdrawal from my [Course Name/Code] due to significant health issues that have affected my ability to participate effectively in the course.

After consulting with my healthcare provider, I have been advised to take a step back to focus on my recovery. I believe that this withdrawal is in my best interest to ensure I can return to my studies fully prepared.

I kindly ask for your assistance in processing this withdrawal and ensuring that it is documented appropriately. If necessary, I can provide any medical documentation required to support my request.

Thank you for your understanding and support in this matter.

Sincerely,

[Your Name]

[Student ID Number]