

# Withdrawal Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip]

[Email Address]

[Phone Number]

[School Administrator's Name]

[School Name]

[School Address]

[City, State, Zip]

Dear [School Administrator's Name],

I am writing to formally appeal the decision regarding my withdrawal from [Program/Course Name] at [School Name]. My student ID is [Your Student ID]. I have carefully considered the reasons for my withdrawal and believe that circumstances warrant a reconsideration of my decision.

[Explain your reasons for withdrawal and any new information that supports your case. Include any relevant details or documents if applicable.]

I am committed to my education and believe that continuing my studies at [School Name] is in my best interest. I respectfully ask that you reconsider my appeal and allow me to continue my enrollment in [Program/Course Name].

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]