

# Withdrawal Application for Academic Reasons

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Department/Office of Student Affairs]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a withdrawal from my current academic program due to [briefly explain the academic reasons, e.g., health issues, personal challenges, etc.]. I have given this decision considerable thought and believe it is in my best interest to take this step.

My student ID is [Insert Student ID] and I am currently enrolled in [Specify Program/Course]. I have appreciated the opportunities provided to me at [University Name] and this decision was not made lightly.

I kindly ask you to guide me through the withdrawal process and inform me of any further actions needed. I appreciate your understanding and support regarding my situation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]