

Academic Withdrawal Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Department/University Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves as confirmation of my academic withdrawal from [University Name] for the [specific term/semester]. Due to health issues that have significantly impacted my ability to attend classes and complete assignments, I have decided to prioritize my well-being and take a leave of absence.

My student ID is [Your Student ID]. I appreciate your understanding and support during this time.

Thank you for your attention to this matter. I hope to return to my studies when my health permits.

Sincerely,

[Your Name]