

Academic Withdrawal Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[University/College Name]

[Department Name]

[University Address]

[City, State, Zip Code]

Dear [Advisor's/Registrar's Name],

I am writing to formally confirm my academic withdrawal from [Name of Program/Course] at [University/College Name] for personal reasons.

My last date of attendance was [Insert Last Attendance Date]. I appreciate the support and education I have received during my time here, and I hope to return in the future when my circumstances allow.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Student ID Number]