

Academic Withdrawal Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Department/Office Name]

[University Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally confirm my withdrawal from the [Program Name] at [University Name] due to program incompatibility. After careful consideration, I have concluded that the coursework and structure of the program do not align with my academic and career goals.

I appreciate the support I have received during my time in the program and thank you for your understanding regarding my decision.

Please let me know if there are any formalities I need to complete or if you require any additional information from my side.

Thank you for your attention to this matter.

Sincerely,

[Your Name]