

Withdrawal from Skills Development Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Program Coordinator/Office]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally withdraw from the Skills Development Program, effective immediately. Due to [brief reason for withdrawal, e.g., personal circumstances, change in schedule], I am unable to continue my participation.

I appreciate the opportunities and knowledge I have gained thus far. Thank you for your understanding.

Sincerely,

[Your Name]