

Late Withdrawal Request

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Office of the Registrar
University Name
University Address
City, State, Zip Code

Dear Registrar's Office,

I hope this message finds you well. I am writing to formally request a late withdrawal from my courses for the current semester due to extenuating circumstances that have significantly impacted my ability to successfully complete my studies.

Throughout this semester, I have been facing [briefly describe your extenuating circumstances, e.g., a serious medical condition, family emergency, mental health issues], which have hindered my academic performance and made it increasingly difficult to attend classes and keep up with my assignments.

Despite my efforts to manage my situation, I find myself unable to continue with my coursework. I believe that withdrawing from my courses is the best decision for my academic integrity and overall well-being.

I kindly request your understanding and support in granting my late withdrawal request. I have attached any relevant documentation to support my situation.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,
Your Name
Student ID Number