

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

[Recipient's Name]  
[Institution's Name]  
[Department or Office Name]  
[Institution's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a withdrawal from the course [Course Name or Code] for the [Term/Year]. Unfortunately, I have been experiencing medical issues that have made it impossible for me to continue my studies at this time.

I have consulted with my medical provider and believe that it is in my best interest to take a leave of absence to focus on my recovery. I kindly ask for your understanding and support in this matter.

Thank you for your attention to this request. Please let me know if you require any medical documentation or additional information.

Sincerely,

[Your Name]