

# Course Withdrawal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Department Name]

[University/College Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a withdrawal from my course, [Course Name], for the [Semester/Year] due to health-related issues. After consulting with my healthcare provider, I have been advised to focus on my health and well-being at this time.

I appreciate your understanding and support regarding my situation, and I hope to return to my studies once I am in a better condition.

Thank you for your attention to this matter.

Sincerely,

[Your Name]