

# Conditional University Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[University Name]

[University Address]

[City, State, Zip Code]

Dear [University Administrator/Registrar's Name],

I hope this message finds you well. I am writing to formally request a conditional withdrawal from my studies at [University Name] for the [insert semester/year]. My student ID is [Your Student ID].

The circumstances prompting this request include [briefly explain your reasons, e.g., personal issues, medical reasons, etc.]. I believe that taking a temporary leave will allow me to manage my situation effectively and return to my studies with renewed focus.

I am requesting that my withdrawal be considered conditional upon [explain any conditions you are proposing, e.g., maintaining communication with academic advisors, submitting documentation, etc.]. I am committed to keeping up with my academic responsibilities and planning my return to the university by [insert expected return date].

Please let me know if you require any further information or documentation to process my request. I appreciate your understanding of my situation and look forward to your positive response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]