

Final University Withdrawal Declaration

Date: [Insert Date]

[University Name]

[University Address]

[City, State, Zip Code]

Dear [Registrar's Name/Office of the Registrar],

I, [Your Full Name], a student ID [Your Student ID], hereby declare my final decision to withdraw from [University Name], effective immediately.

This decision has not been made lightly, and I have carefully considered my options. Due to [briefly explain reason if comfortable, e.g., personal circumstances, health issues, etc.], I am no longer able to continue my studies.

Please let me know if there are any formalities or additional steps I need to undertake to complete my withdrawal process. I would appreciate your assistance in handling any pending administrative matters.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]