

University Name

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

Date: [Insert Date]

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

Subject: Formal Application for University Withdrawal

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

I, [Your Full Name], a student of [Your Program or Major] with student ID [Your Student ID], am writing to formally request my withdrawal from the university effective immediately.

Due to [brief explanation of your reason for withdrawal, e.g., personal circumstances, health issues, financial constraints], I believe it is in my best interest to withdraw at this time. I have carefully considered my options and have decided that this is the best course of action for my situation.

Please let me know the necessary steps I need to take to finalize my withdrawal process and if there are any forms that need to be completed. I appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,
[Your Name]
[Your Student ID]