

# Internship Termination Letter

Date: [Insert Date]

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

[Recipient's Name] [Company/Organization Name] [Company Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you that I must terminate my internship with [Company/Organization Name] effective immediately due to health-related issues. This decision was not made lightly and comes after careful consideration of my current situation.

I deeply appreciate the opportunity I have had to work with you and the team. I have learned a great deal during my time here, and I am grateful for the support and guidance you have provided.

Thank you for your understanding. I wish [Company/Organization Name] continued success in the future.

Sincerely,

[Your Name]