

Internship Termination Due to Health Constraints

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Internship Coordinator's Name]

[University/Company Name]

[Address]

[City, State, Zip Code]

Dear [Internship Coordinator's Name],

I hope this message finds you well. I am writing to formally inform you of my decision to terminate my internship with [University/Company Name], effective immediately, due to health constraints.

After careful consideration and consultation with my healthcare provider, I have determined that it is in my best interest to step back from my responsibilities to focus on my recovery. I greatly value the experience I have gained during my time here and appreciate the support from my colleagues.

I apologize for any inconvenience this may cause and hope to maintain a positive relationship moving forward. Thank you for your understanding and support during this challenging time.

Thank you for everything.

Sincerely,

[Your Name]