

Withdrawal from Respiratory Therapy Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Program Coordinator/Director's Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of my decision to withdraw from the Respiratory Therapy Program at [Institution's Name], effective immediately. This decision has not come easily, but due to [brief reason for withdrawal, e.g., personal circumstances, health issues, financial considerations], I believe this is the best course of action for my future.

I appreciate the support and opportunities provided to me during my time in the program, and I have learned a great deal from my instructors and fellow students. I am grateful for the knowledge and skills I have acquired so far.

If there are any formal procedures I need to follow regarding my withdrawal or if further communication is needed, please let me know. I wish the program and my peers continued success in their journey toward becoming skilled respiratory therapists.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]