

Withdrawal from Dual Degree Program

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Department/Program Coordinator]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally withdraw from the dual degree program in [Program Name] at [Institution's Name], effective immediately. After careful consideration, I have decided that pursuing this path is not in my best interests at this time.

I appreciate the opportunities I have had thus far and the support provided by the faculty and staff. Please let me know if there are any further steps I need to take to complete this process.

Thank you for your understanding.

Sincerely,

[Your Name]