

Course Withdrawal Request for Medical Reasons

Date: [Insert Date]

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

[Recipient Name]
[Institution Name]
[Department/Office]
[Institution Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a withdrawal from [Course Name or Course Code] for the [current semester/term] due to medical reasons. After careful consideration and upon the advice of my healthcare provider, I believe it is in my best interest to prioritize my health at this time.

Please find attached any necessary documentation regarding my medical condition and my request for withdrawal. I hope to return to my studies as soon as I am able.

I appreciate your understanding and support in this matter. Please let me know if you require any further information.

Thank you for your attention to this request.

Sincerely,
[Your Name]
[Your Student ID]