

Cancellation Request for Continuing Education Registration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To:

[Institution/Organization Name]

[Institution/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Admissions Office"],

I am writing to formally request the cancellation of my registration for the continuing education program titled "[Course Name]" that I enrolled in on [Enrollment Date]. Due to [reason for cancellation], I am unable to proceed with my studies at this time.

I would appreciate your confirmation of my cancellation and any information regarding potential refunds or outstanding balances. My registration details are as follows:

- Course Name: [Course Name]
- Registration ID: [Your Registration ID]
- Date of Birth: [Your Date of Birth]
- Email used for registration: [Your Email]

Thank you for your attention to this matter. I hope to return to pursue my education at [Institution/Organization Name] in the future.

Sincerely,

[Your Name]