# Medical Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[University/College Name]

[Office of the Registrar's Address]

[City, State, Zip Code]

Dear [Registrar's Name or Office of the Registrar],

I am writing to formally request a medical withdrawal from my studies for the [Semester/Year]. Due to [brief description of medical issues], I am unable to continue my coursework effectively.

I have attached the necessary documentation from my healthcare provider to support my request. I understand the implications of this withdrawal and would appreciate your guidance on the next steps in this process.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Student ID Number]