

# University Admission Withdrawal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[University Name]

[Admission Office Address]

[City, State, Zip Code]

Dear Admissions Office,

I am writing to formally withdraw my admission from [University Name] for the [Fall/Spring] [Year] semester due to health issues. After careful consideration, I have determined that it is in my best interest to focus on my wellbeing at this time.

I am grateful for the opportunity to be admitted and appreciate the support provided during the admission process. I hope to consider reapplying to [University Name] in the future when my health permits.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]