

Appeal for Medical Withdrawal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Office of Academic Affairs

[University Name]

[University Address]

[City, State, Zip Code]

Dear [Committee/Recipient's Name],

I am writing to formally appeal for a medical withdrawal from the [Insert Program/Department] at [University Name] due to significant health concerns that have adversely impacted my ability to perform academically.

Despite my best efforts to manage my health, I have experienced [briefly describe your health issues], which have hindered my academic progress and overall well-being. I have attached documentation from my healthcare provider, [Provider's Name and Credentials], that details my condition and supports my request for a medical withdrawal.

I believe that a medical withdrawal will provide me with the necessary time and space to focus on my recovery, allowing me to return to my studies in a healthier state. I am committed to regaining my health and continuing my education at [University Name].

I kindly ask for your understanding and support regarding my situation. Thank you for considering my appeal. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]