

Application for Medical Withdrawal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Office of Student Affairs/Relevant Department]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a medical withdrawal from my studies at [University Name] due to anxiety treatment. After consulting with my healthcare provider, it has been determined that a temporary withdrawal is necessary for my recovery.

I have been experiencing severe anxiety that has significantly impacted my ability to perform academically and participate in daily activities. My doctor has recommended an intensive treatment program which requires my full attention and commitment.

I am requesting a withdrawal for the [Specify Semester/Term, e.g., Fall 2023] semester. I believe this time away will allow me to focus on my health and return to my studies with renewed energy and well-being.

Attached to this letter are supporting documents from my healthcare provider outlining my condition and the necessity of this withdrawal. I hope to receive your kind consideration regarding my request.

Thank you for your understanding and support. I look forward to your response.

Sincerely,

[Your Name]

[Student ID Number]