

Medical Withdrawal Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[University Name]

[Office of the Registrar/Specific 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] for the [specific semester/year]. Due to [briefly explain medical condition], I have been unable to maintain my academic responsibilities.

I have attached relevant medical documentation that supports my request. I believe that taking a medical withdrawal is essential for my health and recovery, and I plan to return to my studies once I am able.

Thank you for considering my request. Please let me know if you need any further information.

Sincerely,

[Your Name]

[Student ID Number]