

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[University Name]

[Office of Student Affairs/Registrar]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a medical withdrawal from [University Name] due to a chronic medical condition that has significantly impacted my ability to attend classes and fulfill my academic responsibilities. Despite my best efforts to manage my health and continue my studies, it has become clear that I am unable to maintain the required academic performance.

I have consulted with my healthcare provider, [Doctor's Name], who supports my decision to take a medical withdrawal at this time. I have attached relevant medical documentation for your review.

I kindly request that my withdrawal be processed effective [Withdrawal Date]. I hope to return to my studies once my health permits, and I will keep the university updated on my progress.

Thank you for your understanding and support during this difficult time. If you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]