

Medical Withdrawal Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a medical withdrawal from [University Name] due to a recent surgery I underwent on [Surgery Date]. My physician, [Physician's Name], has advised that my recovery process will require a significant period of time, during which I will not be able to fulfill my academic responsibilities.

The medical condition that necessitated the surgery has significantly impacted my ability to participate in classes and complete assignments. I have attached medical documentation from my healthcare provider for your reference.

I acknowledge the importance of maintaining my academic standing and intend to return to my studies once I have fully recovered. I appreciate your understanding and support during this challenging time.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Student ID]

[Your Contact Information]