

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Office of the Registrar]/[Health Services Office]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a medical withdrawal from [University Name] for the [Specify Term/Year] semester due to medical reasons. I have been experiencing significant health issues that have impacted my ability to attend classes and perform academic responsibilities effectively.

Attached to this letter are the necessary medical documentation and a letter from my healthcare provider, which outlines my condition and the recommended course of treatment.

I understand the implications of a withdrawal and am committed to maintaining my academic standing. I hope to return to my studies as soon as my health permits.

Thank you for considering my request. I look forward to your understanding and support regarding my situation. Please feel free to contact me if you need any further information.

Sincerely,

[Your Name]

[Student ID Number]