

# Medical Withdrawal Notification

Date: [Insert Date]

To: [University Name] Admissions Office

From: [Your Name]

Student ID: [Your Student ID]

Program: [Your Program Name]

Dear [Admissions Office/Specific Person's Name],

I am writing to formally notify you of my medical withdrawal from the university program due to health issues that have impacted my ability to continue my studies. After careful consideration and consultation with my healthcare provider, it has been determined that stepping back from my academic responsibilities is the best course of action at this time.

Please find attached any necessary documentation from my healthcare provider supporting my request for medical withdrawal. I kindly ask that you process my withdrawal and assist me in understanding the implications for my academic record and future re-enrollment options.

I appreciate your assistance during this difficult time and hope to return to my studies once my health improves.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]