

Petition for Medical Withdrawal

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your University ID]

[University's Office of Academic Affairs/Registrar's Office]
[University Name]
[University Address]
[City, State, Zip Code]

Dear [Recipient's Name or "Committee"],

I hope this message finds you well. I am writing to formally petition for a medical withdrawal from my studies at [University Name] due to health issues that have significantly impacted my ability to perform academically. Following my doctor's advice, I believe that stepping back from my studies at this time is necessary for my recovery.

My medical condition, as detailed in the attached documentation from my healthcare provider, has hindered my capacity to attend classes and engage with coursework effectively. I have made every effort to maintain my academic responsibilities, but I am now at a point where prioritizing my health is imperative.

I kindly request that you consider my situation and grant me a medical withdrawal for the [insert specific semester/term, e.g., Fall 2023] semester. I am hopeful for the opportunity to return to my studies once I have fully recovered.

Thank you for your understanding and consideration. I look forward to your prompt response regarding my request.

Sincerely,
[Your Name]
[Your Contact Number]

Attachments: [Medical Documentation]