[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[University Name]

[Office of the Registrar/Dean of Students]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a medical withdrawal from [University Name] for the [Semester/Year] due to ongoing health issues that have significantly impacted my ability to attend classes and participate in university activities.

Due to [brief description of health issues], I have been unable to maintain my academic responsibilities, and it has become necessary for me to focus on my recovery. I have attached supporting documentation from my healthcare provider that outlines my condition and the recommendation for withdrawal.

I appreciate your understanding and support in this matter. Please let me know if you require any additional information or documentation. I hope to return to my studies as soon as I am able.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Student ID Number]