

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Institution/Company Name]
[Institution/Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a withdrawal from [specify program, course, or institution] effective [desired withdrawal date].

Due to [brief reason for withdrawal, e.g., personal circumstances, health issues, etc.], I have decided that it is in my best interest to take this step.

Please provide me with any necessary forms or information I need to complete this process. I would also appreciate confirmation of my withdrawal once it has been processed.

Thank you for your understanding and assistance.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]