

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

Office of the Registrar  
Oakland University  
2200 N. Squirrel Road  
Rochester, MI 48309

Dear Registrar,

I am writing to formally request my withdrawal from Oakland University, effective immediately. My student ID number is [Your Student ID].

Due to [briefly state your reason, e.g., personal circumstances, health issues, etc.], I am unable to continue my studies. I appreciate the education I have received thus far and hope to return in the future.

Please let me know if any additional information is required to process my withdrawal. Thank you for your understanding.

Sincerely,

[Your Name]  
[Your Student ID]