

Subject: Request for Medical Withdrawal – Fall Semester 2026

Date: October 24, 2026

To: Director for the Center for Educational Accessibility and Disability Resources

320 Student Center Circle, Educational Services Building, Suite 19

Mobile, AL 36688-0002

Student Name: Jane Doe

Jag#: J00123456

Current Contact Information:

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- **Mailing Address:** 456 University Blvd, Apt B, Mobile, AL 36608

Dear Director,

Please accept this letter as my official request for a complete Medical Withdrawal from the University of South Alabama for the **Fall 2026** semester. This request encompasses all courses in which I am currently enrolled.

Description of Academic Interference:

At the beginning of this semester, I experienced the onset of a severe medical condition. This condition has severely impacted my cognitive functioning, energy levels, and ability to concentrate. Over the last several weeks, the severity of my symptoms escalated to a point where I could no longer attend daily lectures, participate in required group coursework, or adequately prepare for examinations. Despite trying to manage my workload, my physical/psychological limitations have made it impossible to successfully fulfill my academic responsibilities.

Pertinent Dates:

- **Onset of Medical Condition:** September 24, 2026
- **Last Date of Academic Attendance:** October 12, 2026 (Last attended my HY 101 lecture).
- **Last Date of Assignment Submission:** October 14, 2026 (Submitted an online quiz for BLY 121).

I have enclosed the required supporting letter from my licensed healthcare provider, as well as a signed Authorization for Release of Academic Medical Information. Thank you for your time and consideration of my request.

Sincerely,

Jane Doe