



*Director of Admissions  
College or University  
Street Address  
City, State, Zip*

*Date*

*Dear (Name of Director of Admissions/Admissions Officer):*

*After much deliberation, I wish to decline my offer of admission to (Name of University Declining) for Fall 20\*\*. I appreciate being offered the opportunity to attend (Name of University Declining). Please contact me if you need further information to complete my withdrawal.*

*Thank you for your time and consideration.  
(Your Name)*

*Name and Birth date or Student ID assigned to you  
Your Street Address  
City, State, Zip  
Email*