



Semester Withdrawal Provider Form

A Semester Withdrawal is required if a student will be absent for two (2) weeks or longer during a semester. In this case, the student will be withdrawn from all classes for the current semester.

Health absences are granted for issues of a medical nature. Wellness absences are granted for mental health-related concerns.

Please have your provider fill out the following information and upload it to your Student Health Portal, kean.studenthealthportal.com

Your patient has requested a Semester Withdrawal from Kean University. Please provide us with the following information:

1. Student's Name: _____
2. Diagnosis: _____
3. Date of onset (mm/dd/yy): _____
4. Rationale for Semester Withdrawal: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Provider's Office stamp (Required):