



KEAN

WORLD-CLASS EDUCATION

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 In this case, the student will be withdrawn from all classes for the current semester.

This form is to be filled out by your healthcare provider with the following information and uploaded 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. Students Name: _____
2. Diagnosis: _____
3. Date of onset of **current symptoms** (mm/dd/yy): _____
4. Rationale for Semester Withdrawal: _____

Provider Contact Information (Required):

Provider Name (Print Name): _____
Provider Signature: _____ Date: _____
Provider Address: _____
Provider Telephone Number: _____ Fax: _____

Provider Stamp: