



## 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 In this case, the student will be withdrawn from all classes for the current semester.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](http://kean.studenthealthportal.com)**

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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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (Print Name): \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Stamp: