



# 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 In this case, the student will be withdrawn from all classes for the current semester.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](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 Name (Print Name): \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Stamp: