KEAN

WORLD-CLASS EDUCATION

REQUEST FOR SEMESTER WITHDRAWAL

This document is intended to request a semester withdrawal due to a medical or mental health related condition. Students are strongly encouraged to consult with their department chairperson or director to discuss any impact to their anticipated timeline toward degree completion prior to submitting this request.

Requests should be made no later than 4 months after the end of the impacted semester.

The student will be withdrawn from **ALL** classes for the impacted semester. The student will receive a "W" grade on their transcript for the semester.

Students Name:	**Date of Request:**
Students Kean ID#:	**Term/Year Requested:**

I understand a semester withdrawal does not automatically guarantee a refund or a deletion of a balance due. _____ (Initial)

I understand a semester withdrawal could result in a decrease in financial assistance, per Kean's Financial Aid withdrawal policy. This could create (or increase) a balance due to the University. _____ (Initial)

I understand refunds are processed according to the deadline dates on the Academic Calendar provided by the Office of the Registrar. _____ (Initial)

By signing below I acknowledge the financial impact(s) that this action may have on my account and it is my responsibility to speak with student accounting and/or financial aid for further information.

_____	_____	_____
Student signature	Student email address	Date

For Committee Use Only

Date of Approval:	**Effective Date:**	**Initials:**