

Petition to Waive Bacterial Meningitis Vaccination Requirement for Enrollment in Exclusively Online Courses

This form may be used by new students, returning students or continuing students, under the age of 30, not enrolled for the prior fall or spring term to request exemption from the bacterial meningitis vaccination requirement (*Texas Education Code § 51.919/51.9192(b)*) due to enrollment in only classes that are exclusively online (distance learning).

Students must submit this form for each term in which the exemption is requested.

The completed form may be delivered in person, mailed, faxed or emailed to the UNTHSC Registrar's Office.

Return this completed form to:

UNT Health Science Center
Office of the Registrar, SSC 244
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2644
FAX: (833) 431-1243 OR Email: registrar@unthsc.edu

STUDENT INFORMATION

UNTHSC Student ID # _____		Enrollment (Check Term) <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring		Year _____
Last Name _____		First Name _____		Middle Initial _____
Mailing Address _____			Apartment # _____	Daytime Phone # _____
City _____		State _____		Zip Code _____
Date of Birth ____/____/____ <small>Month Day Year</small>	Age _____		Email Address _____	

INITIAL TO ACKNOWLEDGE YOU READ AND AGREE TO THIS POLICY

I certify that I will only enroll in courses taught exclusively online for the above term. I understand that if my status changes and I enroll in any course that is not exclusively online, I must immediately submit the appropriate proof of bacterial meningitis vaccination to the UNTHSC Registrar's Office.

I understand that failure to do so will result in cancellation of enrollment in my course or courses.

By signing this form I certify that the information provided above is true and accurate.

Student's Signature - USE BLACK INK ONLY _____	____/____/____ <small>Month Day Year</small>
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Office Use Only

Online Schedule Verified ____/____/____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete	Completed By: _____
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