

## 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: (817) 735-0448 OR Email: <u>Health@unthsc.edu</u>

STUDENT INFORMATION						
UNTHSC Student ID #	Enrollment (Check Term) Fall Spring			mer	Year	
Last Name		First Name			Middle Initial	
Mailing Address				Apartment #	Daytime Phone #	
City			State		ZipCode	
Date of Birth	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 OF	NLY					
		Month Year				
	Office Use Only					
Online Schedule Verified / /	Accepted Denied	Completed By:				
//	🗌 Incomplete					