

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, EAD 247
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2644
FAX: (817) 735-0448 OR Email: Registrar@unthsc.edu

| STUDENT INFORMATION | | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|
| UNTHSC Student ID # <hr/> | Enrollment (Check Term, Circle Session) <input type="checkbox"/> Fall: Reg/8W1/8W2 <input type="checkbox"/> Summer: Sum/8 Week/5W1/5W2 <input type="checkbox"/> Spring: Reg/8W1/8W2 | Year <hr/> | |
| Last Name <hr/> | First Name <hr/> | Middle Initial <hr/> | |
| Mailing Address <hr/> | | Apartment # <hr/> | Daytime Phone # <hr/> |
| City <hr/> | | State <hr/> | Zip Code <hr/> |
| Date of Birth <hr/> <small>Month / Day / Year</small> | Age <hr/> | Email Address <hr/> | |
| 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 <hr/> | <hr/> <small>Month / Day / Year</small> |
| Office Use Only | |
| Online Schedule Verified <hr/> <small>Month / Day / Year</small> | <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete |
| Completed By: _____ | |