



MENINGITIS VACCINATION ONLINE ONLY EXEMPTION FORM

STUDENT NAME: _____

TAMUK ID: K _____ TERM: _____ 20 _____

EMAIL: _____ PHONE #: (____) _____ - _____

Please indicate all courses you intend to enroll for:

Table with 5 columns: SUBJECT, COURSE NAME, COURSE #, SECTION #, CRN (5 DIGIT #). Contains 6 empty rows for course entry.

I acknowledge by signing this form that I have been informed that:

- My course schedule will be monitored and
• Should I enroll for any course that is not online only, I will be dropped from that course and a hold will be placed on my record for the meningitis vaccination.
• I understand that any changes may affect my financial aid.
• I have to fill out this form for each semester that I intend to take classes, as this is only for the semester stated above.

Signature of Student _____

Date _____

TO BE COMPLETED BY TAMUK OFFICE OF THE REGISTRAR STAFF ONLY

[] Approved [] Denied

TAMUK Registrar Signature: _____ Date: _____

A copy of this document will be provided to the student and placed in the student's file.