Petition to Waive Bacterial Meningitis Vaccination Requirement for Distance Education Enrollment ONLY

Purpose of Form: This form may be used by any new student to Texas A&M University in order to advise the university that he/she is exempt from the vaccination requirement under section Texas Education Code § 51.9191/51.9192(b) and THECB Rule 21.610 et seq. because he/she is only enrolled in online or other distance education courses. The complete form can be hand-delivered, mailed, faxed, or emailed to the Office of Admissions: General Services Complex Suite 1601, P.O. Box 30014, College Station, TX 77842-3014, Fax: 979-458-1808, Email: admissions@tamu.edu.

Student Last Name: ___________________________ Student First Name: ___________________________

UIN: ______________________________________ Date of Birth: __________ / ____ / ______
Month Day Year

Telephone Number: ___________________ Preferred Email Address: ___________________________

Current physical address: ________________________________________________________________

City: ___________________________ State: _________ Zip Code:_______ Country:_________________

First Semester at Texas A&M University (Select one and indicate the appropriate year):

□ Spring, Year: ________________  □ Summer, Year: ________________  □ Fall, Year: ________________

Level of Study (Circle one): Undergraduate Graduate

Please initial and sign below:

____ I certify that I will only enroll in 700 or 720 section courses. I understand that if my status changes and I enroll in traditional, face-to-face courses, I have an obligation to submit the appropriate bacterial meningitis vaccination documentation.

By signing this form, I certify the information provided is true and accurate. I acknowledge receiving information from the university about the bacterial meningitis vaccination requirement.

Student Signature: ___________________________ Date __________ / ____ / ______
Month Day Year