

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 certification 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.

____ I certify that I will take all Fall 2020 courses online and have no plans to be on campus in the fall. I understand that if my status changes and I wish to attend face-to-face courses, I have an obligation to submit the appropriate bacterial meningitis vaccination documentation before coming to campus.

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