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

Purpose of Form: This form may be used by any new student to Texas A&M University to advise the university that they are exempt from the vaccination requirement under section Texas Education Code § 51.9191/51.9192(b) and THECB Rule 21.610 et seq. because they will only enroll in online or other distance education courses. The complete form can be mailed or emailed to the Office of Admissions, P.O. Box 40001, College Station, TX 77842-4001, 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: ________________

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