



TEXAS A&M
UNIVERSITY
KINGSVILLE

OFFICE OF THE REGISTRAR
MSC 105, 1050 W. SANTA GERTRUDIS AVE
KINGSVILLE, TEXAS 78363-8202
PH (361) 593-2811 * FAX (361) 593-2195
www.tamuk.edu

MENINGITIS VACCINATION ONLINE ONLY EXEMPTION FORM

STUDENT NAME: _____

TAMUK ID: K _____ TERM: _____ 20 _____

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

Please indicate all courses you intend to enroll for:

SUBJECT	COURSE NAME	COURSE #	SECTION #	CRN (5 DIGIT #)

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.