



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 #). Includes an example row for English Rhetoric & Composition.

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 _____

Please email the completed form as a PDF to registrar@tamuk.edu. Confirmation will be sent to the email address indicated above.

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.