UNT DALLAS
UNIVERSITY OF NORTH TEXAS AT DALLAS

Petition to Waive Bacterial Meningitis Vaccination Requirement for Enrollment in Exclusively Online Courses

This form may be used by new students, returning students or continuing students not enrolled for the prior fall or spring term to request exemption from the meningitis vaccination requirement (*Texas Education Code Ä 51.9191/51.9192(b)*) due to enrollment in only classes that are exclusively online. Students must submit this form for each term in which the exemption is requested.

The completed form may be delivered in person, mailed, faxed or emailed to the UNT Dallas Office of the Registrar, 7300 University Hills Blvd., Dallas, TX 75241; email: **dallas.registrar@unt.edu**; Fax: 972-780-3636.

_____ _____
Student ID Semester/Year

_____
Last Name, First Name (please print)

_____
Daytime Phone number

Please initial and sign below:

_____I certify that I will only enroll in courses taught exclusively online for the above term. I understand that if my status changes and I enroll in any course that is not exclusively online, I must immediately submit the appropriate proof of bacterial meningitis vaccination to the UNT Registrarôs Office. I understand that failure to do so will result in cancellation of enrollment in course or courses.

By signing this form I certify that the information provided is true and accurate.

Student Signature:_____

Date: _____

For office use only:

*Online Schedule verified:*_____

Registrar initials/date: _____

REV. 01/10/2012