



**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 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: [registrar@untdallas.edu](mailto:registrar@untdallas.edu); Fax: 972-338-1939.

\_\_\_\_\_  
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 Dallas Registrar’s Office. I understand that failure to do so will result in cancellation of enrollment in my 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: \_\_\_\_\_