



Semester <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Wintermester 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____

**Bacterial Meningitis Vaccine
Request for Exception:
Dual Credit courses not taught at a Collin College Campus
Or Online only courses**

Last Name	First	Middle
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CWID Number: _____ or Birth Date: _____

I certify that I intend to enroll for the above term in a dual credit course that will be taught online or at a public or private K-12 facility not located on a Collin College campus.

I understand that if I enroll in courses that will be taught at a Collin College campus that I will be required to provide proof of vaccination at least 10 days prior to the first day of the first semester or the class(es) will be dropped from my schedule.

Student Signature

Date

This form may be scanned and emailed to admissions@collin.edu or faxed to 1.972.548.6702 or 972.377.1792.