



## Meningitis Distance Learning Waiver Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sam ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Term request is for: (write year in the blank)      NOTE: A new form is required each semester

☐ Summer 20 \_\_\_\_\_

☐ Spring 20 \_\_\_\_\_

☐ Fall 20 \_\_\_\_\_

I attest that I understand the following: (initial next to each)

\_\_\_\_\_ I am only allowed to enroll in online courses for the above semester, unless I submit proof of meningitis vaccination

\_\_\_\_\_ I understand that requesting a *distance learning* waiver indicates I DO NOT intend to access the SHSU campus in person, and if this changes I am required to be vaccinated for meningitis, per Texas State Law, Education Code Sec. 51.9191.

\_\_\_\_\_ I may submit evidence of Meningitis ACWY vaccination at any time and eliminate the need for this waiver.

- My course schedule will be monitored to verify registration of online-only courses for the above term.
- Should I register for any course that is not online; I will have to submit proof of vaccination, or my entire schedule will be dropped, and a meningitis hold will be placed on my account.
- I understand that any changes may affect my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Student Health Center Official

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Registrar

Processed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_