



# Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## STUDENT HEALTH CENTER

### Meningitis Vaccination Online Only Exemption Form

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

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

Term exemption is being claimed for: (write year in the blank)

Summer 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Fall 20 \_\_\_\_\_

Please indicate all courses you intend to register for:

CRN	Course Prefix & Number (ex: MATH 1314)	Section

My signature indicates my understanding of the following:

- 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; 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
- I understand that a new Meningitis Online Only Exemption form is required for each semester that I intent to only take online courses
- This form must be submitted through my Patient Portal before I register for classes
- Any communication regarding this exemption will be sent to my SHSU email account

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

#### Office Use Only

Student Health Center Official

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

Office of the Registrar

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