

Semester				
	Fall 20			
	Wintermester 20			
	Spring 20			
	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
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 <u>admissions@collin.edu</u> or faxed to 1.972.548.6702 or 972.377.1792.