

| Semester | | | | |
|----------|-----------|--|--|--|
| | Fall 20 | | | |
| | Spring 20 | | | |
| | Summer 20 | | | |
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Bacterial Meningitis Vaccine Request for Exception: Dual Credit courses not taught at a Collin College Campus

| Last Name | First | Middle |
|---|--|--|
| CWID Number: | or | Birth Date: |
| be taught at a public or campus. I understand College campus that I v | r private K-12 fa that if I enroll in will be required t | bove term in a dual credit course that will cility not located on a Collin College a courses that will be taught at a Collin to provide proof of vaccination at least 10 mester or the class(es) will be dropped |
| | | D |
| 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.