Bacterial Meningitis Vaccine
Request for Exception: Internet Only Courses

Last Name  First  Middle

CWID Number: ____________________________________________

I certify that I intend to enroll for the above term in internet (WEB) based courses only. I understand that if I enroll in courses that require me to be on-site those courses will be dropped from my schedule.

Note: This waiver is in effect for each semester enrolled at Collin.

____________________________________  _______________________
Signature  Date

Effective Semester
☐ Fall 20___________  ☐ Spring 20___________
☐ Maymester 20_________  ☐ Summer 1/3 20________
☐ Summer 2 20_________

Look for courses where the method of instruction is “WEB only”. Courses taught as “Multi” or “Learn” require you to be onsite and are not included in this waiver.