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: ________________________

I certify that I intend to enroll for the above term in a dual credit course that will be taught 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 admissions@collin.edu or faxed to 1.972.548.6702 or 972.377.1792.

Semester
☐ Fall 20________
☐ Spring 20________
☐ Summer 20________