

Effective Semester			
	Fall 20		
	Spring 20		
	Maymester 20		
	Summer 1/3 20		
	Summer 2 20		

Bacterial Meningitis Vaccine Request for Exception: Internet Only Courses

Last Name	First	Middle
CWID Number:		
courses only. I und on-site those cours	nd to enroll for the above term lerstand that if I enroll in cou ses will be dropped from my s is in effect for each semester o	rses that require me to be chedule.
Signature	Date	<u> </u>
Courses taugh	ees where the method of instruct t as "Multi" or "Learn" requir ed in this waiver.	•

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