



<b>Semester</b>	
<input type="checkbox"/>	Fall 20 _____
<input type="checkbox"/>	Wintermester 20 _____
<input type="checkbox"/>	Spring 20 _____
<input type="checkbox"/>	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 [admissions@collin.edu](mailto:admissions@collin.edu) or faxed to 1.972.548.6702 or 972.377.1792.