

Meningitis Distance Learning Waiver Request Form

Last Name: _____ First Name: _____

Sam ID#: _____ Phone: _____

Term request is for: (write year in the blank) A new form is required each semester

Summer 20 _____

Spring 20_____

Fall 20_____

Please indicate all courses you intend to register for:

CRN	Course Prefix & Number (ex: MATH 1314)	Section

I attest that I understand the following: (initial next to each)

_____ I understand that requesting a *distance learning* waiver indicates I DO NOT intend to access the SHSU campus in person, and if this changes I am required to be vaccinated for Meningitis A, per Texas State Law, Senate Bill 62

_____ I may submit evidence of Meningitis A vaccination at any time and eliminate the need for this waiver.

- My course schedule will be monitored to verify registration of online only courses for the above term
- Should I register for any course that is not online; I will have to submit proof of vaccination, or my *entire*