



**Bacterial Meningitis
Online Enrollment Only Exemption Request**

Return form to:

The University of Texas at Dallas
Office of the Registrar
800 W. Campbell Rd., SSB 13
Richardson, Texas 75080

The University of Texas at Dallas requires that all new and returning students under the age of 22 show proof of completed vaccination against Bacterial Meningitis.

By signing this letter, you are stating that you have no intention of physically accessing UT Dallas property and will remain in online course(s). You are also stating that if there are any changes to your status that you will adhere to the necessary requirements set by the state and complete the required vaccination. You also understand that the university may administratively drop you from your courses if information arises that changes your semester/program online status.

I, _____, am enrolled in an **online degree program** with the University of Texas at Dallas. I will not physically access UT Dallas property. If there are any changes that require that I come to campus, I will complete the necessary vaccination requirements and submit all documents to the Office of the Registrar 10 days before the first day of the semester per the Academic Calendar.

OR

I, _____, am enrolled in **online course(s) ONLY for this semester** - _____ (**list term**) with the University of Texas at Dallas. I will not physically access UT Dallas property. If there are any changes that require that I come to campus, I will complete the necessary vaccination requirements and submit all documents to the Office of the Registrar 10 days before the first day of the semester per the Academic Calendar.

Student name (print) _____ UTD ID: _____

Current Program: _____ Expected graduation term: _____

Student signature: _____ Date: _____