COLLIN COLLEGE

Semester
- ☐ Fall 20 _____
- ☐ Wintermester 20_____
- ☐ Spring 20_____
- ☐ Maymester 20_____
- ☐ Summer 1/3 20_____
- ☐ Summer 2 20_____

Bacterial Meningitis Vaccine
Request for Exception: Dual Credit courses not taught at a Collin College Campus

_____

Last Name First Middle

CWID Number: _____

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.

_____ _____

Signature Date

This form may be scanned and emailed to admissions@collin.edu or faxed to 972.548.6702