Bacterial Meningitis Vaccination Waiver - Enrollment in Online Courses Only

New students, returning students or continuing students may request exemption from the meningitis vaccination requirement (Texas Education Code § 51.9191/51.9192(b)) due to enrollment only in online classes. Students must submit this form for each term in which the exemption is requested. BOTH THE ALAMO COLLEGES COMPLIANCE FORM AND ONLINE WAIVER MUST BE SUBMITTED TO ADMISSIONS AND RECORDS DEPARTMENT.

The completed form may be delivered in person, mail, or email at any of the Alamo Colleges:

Northeast Lakeview
Welcome Center
Student Commons Bldg
1201 Kitty Hawk Rd
Universal City

Northwest Vista
Admissions and Records
Cypress Campus Ctr
3535 North Ellison Dr.
San Antonio

Palo Alto
Enrollment Center
Palomino Ctr Rm 117
1400 W. Villaret Blvd
San Antonio

San Antonio
Room 216
1300 San Pedro Ave
San Antonio

St. Philip’s
1st Floor
1801 M.L. King
San Antonio

nlc-nlcadmin@alamo.edu
nvc-admissions@alamo.edu
pac-Admin@alamo.edu
sac-ar@alamo.edu
spc-ar@alamo.edu

Student Banner ID ___________________________ Semester/Year _______________

Last Name, First Name (please print) ____________________________

Birth Date ____________________

Daytime Phone number ____________________________

Please initial and sign below:

I certify that I will only enroll in online courses for the above term. I understand that if my status changes and I enroll in any non-online course, I must submit the appropriate proof of bacterial meningitis vaccination to the Colleges’ Admissions and Records offices within 5 days from registration for the non-online course(s), which will be systematically verified. The vaccination date must be 10 days before the first day of the term. I understand that failure to do so will result in cancellation of enrollment in non-online course(s) and may affect financial aid package if applicable.

By signing this form I certify that the information provided is true and accurate.

Student Signature: __________________________________________

Date: __________