

Bacterial Meningitis All Online Waiver Request Form

I,	at all first-time, trans higher education pro gitis administered d to the first day of th	ovide evidence of uring the five-year period
I am/will be enrolling in only on understand that if at any time I enro Canyon or at the Amarillo Center, I vaccination at least 10 days prior to result in administrative withdrawal for	oll in a face-to-face of must then provide of the start of the sen	course on the campus in documentation of nester. Failure to do so will
Which semester? (circle one) Summer 1 Summer 2 Fall S	pring Januar	y or May Intersession
*This form must be submitted prior to enrolling in or attending classes.		
Signature		Date of Birth
WT ID # or SSN		Date

Discover the **BUFF** in You.