

BACTERIAL MENINGITIS IMMUNIZATION EXTENSION REQUEST



Texas Wesleyan

OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

II. REQUEST FOR EXTENSION

Effective January 1, 2012, all entering students are required to show evidence of an initial bacterial meningitis vaccine or a booster dose during the five-year period preceding, and at least 10 days prior, to the first day of the first semester in which the student initially enrolls at a Texas higher education institution. Under justifiable circumstances an institution may grant extensions to individual students to extend the compliance date to no more than 10 days after the first day of the semester or other term in which the student initially enrolls.

Therefore, I hereby submit this request for an extension of 10 days from the first day of the semester to submit the necessary documentation for the bacterial immunization requirements as dictated by the State of Texas. Required documentation includes any of the following:

- Proof of receiving the immunization
- A statement from a physician that the immunization would be injurious to my health
- An affidavit of conscientious objection

III. REQUIRED SIGNATURE

I further acknowledge that on the 11th day following the first day of the semester, the Registrar will withdraw me from my classes if I do not provide the required documentation to the Office of Student Records.

Student Signature: _____

Date: _____

This form has to be returned to the Office of Student Records in person or by e-mail at registrar@txwes.edu.

For Office of Student Records Use Only

Processed by: _____

Date: _____