

**Sul Ross State University**

**Bacterial Meningitis Online Exception Request**

I, \_\_\_\_\_, A Number \_\_\_\_\_, will only be enrolling in online or other distance education courses while I attend Sul Ross State University.

I understand that if I decide to enroll in a face-to-face course(s) for any semester, I will be required to provide proof of bacterial meningitis vaccination or I will be dropped from said course(s) without notice.

I also understand that registration will be monitored daily before the start of each semester.

**Agreed:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Approved:</b>	
_____	
<b>Pamela Pipes</b>	<b>Date</b>
<b>Director</b>	
<b>Records and Registration</b>	
<input type="checkbox"/>	<b>Hold Removed</b>
<input type="checkbox"/>	<b>Status Updated</b>

Please return request to:  
Fax: (432) 837-8411  
Email: [ppipes@sulross.edu](mailto:ppipes@sulross.edu)  
Mail: Sul Ross State University  
Box C-2  
Alpine, TX 79832