

**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

**Approved:**

\_\_\_\_\_  
**Danielle Bell** **Date**  
**Health Service Coordinator**  
**Student Health Services**

**Hold Removed**

**Status Updated**

Please return request to:

Fax: (432) 837-8474

Email: [health@sulross.edu](mailto:health@sulross.edu)

Mail: Sul Ross State University

Student Health Services

Box C-60

Alpine, TX 79832