

Bacterial Meningitis Online Only Verification Form

_____/_____/_____
Student Last Name Student First Name Date of Birth

900_____
Student ID# _____@udallas.edu _____-_____-_____
Student Email Address Student Phone Number

Return completed form/documentation to:
University of Dallas
School of Ministry Admissions Office
1845 E. Northgate Drive
Irving, TX 75062
Fax: 972-721-4009

Verification

Please check the box that applies:

- I will be enrolling in online only courses and request a waiver of the required vaccination for bacterial meningitis.
- I plan to take at least one class on campus and understand that I must provide verification of immunization for bacterial meningitis.

Students who indicate they will only attend class online will be prohibited from taking class on the University of Dallas campus. If you will need to come to campus for class you must provide proof of immunization or a waiver for exemption.

Student Signature

_____/_____/_____
Date Signed