



Bacterial Meningitis Vaccination Online-Only Waiver

Please complete and return to the Office of Enrollment Services, or email it to admissions@texarkanacollege.edu

Date: _____ TC ID: _____ Date of Birth: ____/____/____
MM DD YYYY

Student Name: _____
LAST FIRST MI.

Term for which student is seeking admission:

Fall 20____ Spring 20____ Summer 20____

Completion of this form and my signature below confirms that:

- I am seeking admission without proof of bacterial meningitis vaccination because I will be enrolled in a fully web schedule.
- I understand that a hold will remain on my account for the vaccination record to prevent me from changing my schedule, or from enrolling in courses that are taught on campus.
- I understand that I will either need to provide my proof of vaccination or a state-issued waiver to meet the state-mandated requirements for enrollment in order to take courses on the TC campus.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____

Processed By: _____ Date Processed: _____ Verified RM – “Vaccination Required” hold is active: _____

Updated: 10/13/2021