

# BACTERIAL MENINGITIS IMMUNIZATION EXTENSION REQUEST



## 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

For Office of Student Records Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_