

## Bacterial Meningitis Extension Form

Student Name: \_\_\_\_\_ Student SS# \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email : \_\_\_\_\_

“Under justifiable circumstances, an administrative official of the designated department or unit of an institution of higher education, or private or independent institution of higher education, may grant extensions to individual students to extend the compliance date to no more than 10 days after the first day of the semester or other term in which the student initially enrolls.

This extension is granted by \_\_\_\_\_

Name and Title

to the above named student and this extension will expire on \_\_\_\_\_, not to extend past the 10<sup>th</sup> day after the first day of class.

I understand failure to receive the bacterial meningitis vaccination and provide the documentation to Howard College/SWCID prior to this extension expiring will result in a complete withdrawal from my class schedule by Howard College/SWCID.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HC/SWCID Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Justifiable circumstances for granting extension: