

Office of the Registrar

TENNESSEE TECH

IMMUNIZATION EXEMPTION FORM						
Student Name:	(Last)	(First)	T#: _ (MI)		Term:	
exempt from	immunization	ONLY online classes, includ requirements. To request th gistrar. <i>This form must be</i> <i>re</i>	nis exemption, compl	ete this form ar	nd fax, scan/email, mail, o	r
	te a new form (ed for online courses at TTL each semester to continue t				
Student Signatu	ıre:			Date:		