

I certify that I have confirmed with my academic program that not receiving the COVID-19 vaccination will not prevent my completion of the programmatic or curricular requirements.

I certify that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked and I may be subject to College disciplinary action if any of this information I provided in support of this exemption is false.

Signature: _____ Date: _____

Student or guardian, only if under 18 years old

Once completed, students should upload the signed form to the Health Services' Portal at

<https://purchase.medicatconnect.com>

Uploaded exemption request forms will be reviewed. Decisions will be released through the Department of Student Affairs.