

# Illinois Institute of Technology

## Student Health Center

### REQUEST FOR IMMUNIZATION WAIVER

I certify that I am a not registered for more than 5 credit hours per semester (3.6 quarter hours per quarter), or am registered only for IITV classes received at a corporate site intended for employees only, and will not attend any of the IIT campuses or public access sites for any coursework, labs, exams, etc., and I will not be living in the dorms, residence halls or graduate housing. I understand that this waiver, if granted, is subject to cancellation should I be found not to be in compliance with the conditions stated above.

Number of classes being taken: \_\_\_\_\_

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

Illinois Institute of Technology  
Student Health Center  
Farr Hall Room 110  
3300 S. Michigan  
Chicago IL 60616