

Student Health Services

Michael Hall, 3435 Main Street, Buffalo, NY 14214-8003

Phone: 716-829-3316 Fax: 716-829-2564

New Non-Degree Student/Less than 6 credits/Immunization Waiver

Name:	
Person Number: Ser	mester/Term:
New non-degree students who are registering for less than 6 credit hours can request a one	
semester/term waiver of the immunization requiren below.	nents. To request this waiver, please read and sign
This is to certify that:	
 I understand that I need to comply with the done online through the HUB Student Cente I understand that if I want to register for 6 or comply with the immunization requirements 	Meningitis Education requirement. This can be r (Review this web page for more information). r more credits during my first semester, I must prior to registration.
Signature:	Date:
Allow 2-3 business days, upon receipt, for processing. Student Health Services will not confirm processing – you will need to review the effective date of your IMM hold within the HUB Student Center to determine if the waiver has been finalized. The IMM hold will be future dated when the waiver is approved.	
Send completed form to: UB Student Health Services Michael Hall, 3435 Main Street, Buffalo, NY 14214-8003	
OR	
Fax: 716-829-2564	