Immunization EXEMPTION Form

Name: ____________________________________________________________________________
(last, first, middle)

Date of Birth (mm/dd/yyyy): ___________________________ GSU Student ID number: ______________

Phone number: ___________________________ Date of request: ___________________________

Reason for Request:

☐ Exemption* – Exclusively attend classes at an off-site location.

☐ Exemption* – Enrolled exclusively in an online degree program.

Note: A new Exemption Form, signed by your advisor, must be submitted every semester on or before the current immunization Deadline.

*Advisor’s Signature: ____________________________________________________________________________ Date: ___________

Student Signature: ____________________________________________________________________________ Date: ___________

Submit this form in person to Registrar’s Office, C1300 or fax/mail to:

Fax: 708.534.1640
Phone: 708.235.2145
Mail:
Governors State University
Immunization Compliance
1 University Parkway, C1300
University Park, IL 60484-0975

GSU Immunization history form is available at www.govst.edu/immunizations.