

## TEXAS LUTHERAN UNIVERSITY Special Student Application

Name:			TLU ID#:	
(Fir	(Middle)	) (Last)		
Preferred first name:		Maiden Name:		
Gender: Male	Female			
Home Address:	(Number)	(Street)		(Apt.#)
	(Indiliber)	(Sileet)		(Apt.#)
(City)	(State/Province)	(Zip Code)	(County)	(Country)
Phone: Mobile Phone:			email:	
Mailing address, if diff	erent:			
	(Number)	(Street)		(Apt.#)
(City)	(State/Province)	(Zip Code)	(County)	(Country)
Social security number:		Date of birth:	Marital status:	
Citizenship: 🗌 U.	S. Permanent resid	dent, U.S.	ntry of citizenship	
Ethnicity: Not H	lispanic/Latino	Hispanic/Latino		
Race (check all that ap	ply): 🗌 American Ind	·	Black or Africat Black or Africat	
Have you attended TL	U before? 🗌 Yes 🗌	No If so, whe	en did you attend?	
High school graduate from:		Date of graduation:		
Colleges Attended:				
			Approximate	Hours:
			11	

I certify that I am a graduate of the high school named above. I will arrange to have an official transcript of my high school record and an official transcript from each college attended on file with the Registrar of Texas Lutheran University within 30 days of the date below. I realize that transcript service from TLU will not be available nor will I be eligible for federal financial aid until the transcript(s) are on file.

## **Meningitis Vaccination Notification**

In addition to completing the special student application, the on-campus housing application (if you need it), and registering for classes, there is an <u>additional step</u> you must complete in order to be admitted to TLU. Texas state law requires all students attending an institution of higher education to be <u>immunized against bacterial meningitis</u>. According to the law, all students must be immunized or receive a booster shot during the five-year period preceding their enrollment and at least 10 days prior to the start of the term.

Evidence of vaccination can include any of the following:

- The signature or stamp of a physician or his/her designee, or public health personnel on a form which shows the month, day, and year the vaccination dose or booster was administered; or
- An official immunization record generated from a state or local health authority; or
- An official record received from school officials, including a record from another state

You are exempt from the new law if:

- You are 22 years of age or older; or
- Your physician signs an affidavit which states that the vaccination would be injurious to your health or well-being; or
- You complete the Texas Department of State Health Services conscientious exemption form

Please submit your proof of vaccination to the Office of Registration and Records.

If you have any questions, feel free to contact the Office of Registration and Records at 830-372-8040. I look forward to seeing you on campus.

Glenn Yockey Registrar