Nebraska Wesleyan University currently requires the following vaccines for students prior to the start of their first term as a matriculated student:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronavirus vaccine</td>
<td>all students</td>
</tr>
<tr>
<td>2 MMR (measles-mumps-rubella)</td>
<td>all full-time traditional undergraduates</td>
</tr>
<tr>
<td>At least one meningococcal vaccine at or over the age of 16 (may be first or second meningitis vaccination)</td>
<td>All full-time traditional undergraduates who matriculate before their 24th birthday.</td>
</tr>
</tbody>
</table>

Vaccinations are important to the health and safety of the NWU community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual. Only documented medical or religious exemptions from the required vaccinations are allowed.

In some circumstances, students might need additional time to comply with these requirements. To request an EXTENSION of the vaccination deadline, the student should submit this the Vaccination Extension Request along with any relevant documentation to studenthealth@nebrwesleyan.edu. Requests will be reviewed by the Director of Student Health and the Vice President for Student Life.

Note that this process is for an extension of the vaccination deadline, not an exemption. Students may seek a medical or religious exemption from the vaccine requirement using the Student Vaccination Exemption Request form, available from the Student Life Office (studentlife@nebrwesleyan.edu).

Students may indicate one of the following reasons to request an extension of the deadline for compliance with the vaccination policy:

- Student did not have sufficient access to the vaccine to comply by the deadline;
- Student has a temporary medical circumstance that does not require an exemption from vaccination, but will delay the student’s compliance with the vaccine policy (requires medical documentation);
- Student chooses to decline obtaining a COVID-19 vaccination until a vaccine has received full approval by the Food and Drug Administration (FDA).

In each of these cases, by signing the Extension Request form, student agrees to come into compliance with the vaccination policy within six weeks after the circumstance ends for which the student requested the extension.

To request an extension, please complete section 1 and section 2a or 2b or 2c on the reverse and submit to the Student Life Office: studentlife@nebrwesleyan.edu.
Vaccination Extension Request

1. Student Information

Student Name: ___________________  Student ID: ___________________

Phone: __________________________

Immunization Requirements subject to extension request: (Please indicate):

___ All    ___ COVID-19    ___ 2 MMR    ___ Meningococcal

2. Reason for Extension Request

Please complete and sign the appropriate section (2a, 2b, or 2c) and submit to the Student Life Office: studentlife@nebrwesleyan.edu. Requests for a temporary medical extension require signature by the student’s medical provider.

2a) I am requesting an extension of the deadline to submit my vaccination records due to lack of access to the vaccine(s) indicated above. By signing below I agree to receive the delayed vaccine(s) within six weeks of the start of the coming academic term and to notify the Student Life Office when I have completed the vaccination requirement.

________________________________________________
Student Signature                     Date

2b) I am requesting an extension of the deadline to submit my vaccination records for the vaccine(s) indicated above due to a temporary medical circumstance. By signing below, I agree to receive the delayed vaccine(s) within six weeks of the expiration date indicated by my medical provider below, and to notify the Student Life Office when I have completed the vaccination requirement.

______________________________
Student signature                   Date

Provider Statement (required)
The physical condition of the above-named student is such that immunization would endanger the student’s health. This is a temporary condition with an expected expiration date of: ________________.

________________________________________
Provider signature                     Date Signed

________________________________________
Provider Printed Name and License Number  Provider Phone

2c) I am requesting an extension of the deadline to submit evidence of my COVID-19 vaccination until a vaccine has full approval by the Food and Drug Administration. By signing below, I agree to receive a COVID-19 vaccination within six weeks of FDA approval being granted.

________________________________________
Student signature                     Date