



**EXEMPTION REQUEST FOR COVID-19 VACCINE EXPECTATION**

I request an exemption from the COVID-19 vaccine expectation.

Name:

Email:

I am a student in the following program (please circle one):

- MU-WCOM    ABSN -TN    ABSN – OK    ABSN – Indianapolis    MUAC
- Traditional On-Campus Nursing    FNP-Nursing    CRNA- Nursing

Select one of the following:

My request is based upon religion: Y/N

My request is based on religion for these reasons:

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My request is based on a medical condition. Y/N (A letter from my health care provider is attached to this request.)

This is a temporary condition (e.g. pregnancy) (circle one)    Y/N

OR

This is a permanent condition (e.g. allergy) (circle one)    Y/N

I affirm that the above representations are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form to [empetsche@marian.edu](mailto:empetsche@marian.edu). It will be carefully reviewed and the determination will be communicated promptly. Anyone who receives an exemption will be required to abide by the expectations outlined in the COVID-19 vaccination exemption approval form.