

Hepatitis B Statement

I agree and understand that I must complete the hepatitis B shots (3) before the next academic semester begins. I further understand that I will not be allowed to enroll for the next semester until the hepatitis B immunization is completed (three shots). The hepatitis B immunization series of shots takes four months to complete. I will provide proper documentation to the Northwestern Registrar's office upon completion of the hepatitis B immunization.

(Complete only if you have not taken the hepatitis B immunizations.)

Student (Print Name) _____
Date

Address (while attending NWOSU)

City State Zip Code

Address (permanent)

City State Zip Code

Phone number (local) e-mail address

Phone number (permanent)

Student (sign name)