



IMMUNIZATION WAIVER

This form is intended for AAP students who are under the age of 26 but wish to waive the immunization requirement because they meet the following criteria:

1. The student is in a fully online program that does not have optional or mandated residency requirements that may be taken in DC.
2. The student does not currently live in, nor does he/she plan to move to, DC, or any contiguous state including Maryland, Delaware, Virginia, or West Virginia. If the student moves to DC or one of the aforementioned states, he/she understands that it is their responsibility to update their SIS record to reflect the move, and it is their responsibility to complete the Immunization Form prior to the move.

I, _____, confirm that the above is accurate.

Student's Full Name

Academic Program at AAP: _____

Student Signature

Date

If you meet the above criteria, please [create a support case](#) and submit the completed form. If your waiver is approved, the immunization alert should be removed within 24-48 hours after receiving this form. You should expect to hear from us if your request is denied for any reason.