



Willamette University  
900 State Street  
Salem, OR 97301

### Gifted Scholar Registration Form

*Note: Before returning this form to the Registrar's Office, you are required to obtain each instructor's signature approving your attendance in their class. If the instructor gave their approval via email, please print and attach the email to this form.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Have you taken a course from Willamette University before?  Yes  No

I wish to enroll in the following course(s):

Course #/Section	Credits	Course Title	Instructor's Signature
_____	_____	_____	_____
_____	_____	_____	_____

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



## Willamette University Vaccination Requirement

Willamette University joins a growing list of colleges across the country that are requiring all students, faculty, and staff to be fully vaccinated against COVID-19. This vaccination requirement applies to all students attending Willamette, including full-time and part-time students, undergraduate and graduate students, domestic and international, residential and non-residential students, and those in both degree and non-degree granting programs.

Students are expected to be fully vaccinated prior to their arrival on campus. “Fully vaccinated” means that two weeks have passed since you have received all necessary doses of the vaccine you were given.

Please enter the dates of your COVID vaccine(s):

Moderna

Dose 1: \_\_\_\_\_

Dose 2: \_\_\_\_\_

Pfizer

Dose 1: \_\_\_\_\_

Dose 2: \_\_\_\_\_

Johnson & Johnson

Dose 1: \_\_\_\_\_

PLEASE INITIAL: \_\_\_\_\_ I agree to comply with all masking and distancing requirements.

### **Request for Exemptions:**

\*Please note that Gifted Scholar Registration Forms will be **held for review** upon the request for a medical or religious exemption. If approved, the student will be registered for the desired course(s).

\_\_\_\_ Medical: Students who are requesting a Medical Exemption for the COVID-19 vaccine will need to submit a letter or document from their doctor indicating why they are unable to receive the vaccine.

\_\_\_\_ Religious: I attest that the required Covid-19 vaccine is in conflict with my own firmly held religious beliefs. I am aware that if an outbreak occurs on campus, I may be excluded from campus.

*\*For religious exemption, please proceed to the back of the form\**

Students who have neither been fully vaccinated nor received an exemption by the time they plan to attend classes for the semester may not attend class and may be subject other requirements or restrictions to support community health.



Willamette University Vaccination Requirement  
\*REQUEST FOR RELIGIOUS EXEMPTION\*

**To request a religious exemption from the vaccination requirement, please answer the following questions:**

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption as a religious accommodation.

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Please explain how your sincerely held religious belief, practice, or observance conflicts with the University's COVID-19 vaccination requirement.

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Please provide any additional information that you think may be helpful in processing your religious accommodation request.

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*\*By signing below, I understand that if my request is approved, I will be required to follow all university policies and guidelines relating to unvaccinated students, including taking protective measures such as wearing a mask and maintaining social distancing.\**

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