



Meal Plan Accommodation Request Form 2009-10

(Exemption requests must be submitted to the Student Life Office during the first week of each semester.)

GEORGE FOX
UNIVERSITY

Name: _____ Date: _____ Student ID: _____
six - digit

Circle One: FR SO JR SR TR (transfer) Box # _____ Phone # _____

Number of EARNED CREDITS: _____ Living Area: _____

Exemptions (partial or full) will be granted ONLY for medical reasons that cannot be accommodated by Bon Appetit

(Appropriate documentation must – see back of page- accompany this form)

Name of doctor or licensed medical physician: _____

Address and Phone Number of signing physician: _____

Explanation and supporting information: _____

For Office Use Only

Approved: Not Approved:

Full Exemption: _____ Partial Exemption: _____ Other: _____ Effective Date: _____

Explanation: _____

Signature of General Food Service Manager: _____ Date: _____

Signature of Director of Housing: _____ Date: _____

Notification Record		
Date: _____	Student: _____	BruinData: _____

Meal Plan Accommodation Request Information

Please read this information carefully.

To be considered for Meal Plan Exemption, all supportive medical information must accompany this form. No request will be considered until all documents are submitted to the Student Life Office.

EXEMPTION DEADLINE DATES: *Exemption Forms turned in AFTER these dates will not be considered.*

- Fall Semester: First Friday of the semester
- Spring Semester: First Friday of the semester

Criteria for Exemption:

Medical: *Please attach the following documents to this form -*

1. A specific, detailed diagnostic statement from a licensed medical physician (M.D. preferred).
 - a. Include an ICD and/or CPT code for which a special diet is required
 - b. Include the date that medical conditions appeared
 - c. **Documentation must be written on letterhead from the doctor's office.**
2. A specific, detailed diet prescription necessary to maintain life, symptom free. This prescription must be signed by a licensed medical physician. *General notes or statements without a specific diet will not be accepted: documentation must be written on office letterhead which includes the doctor's contact information.*

The food service general manager will evaluate the diagnostic statement and the diet prescription. If it is determined that the doctor prescribed diet can be accommodated you will NOT receive an exemption.

If it is determined that the food service provider cannot meet your specific dietary needs, exemption will be granted.

Once the decision is made you will be notified by the Student Life Department.

FINANCIAL REASONS WILL NOT BE CONSIDERED FOR ANY MEAL PLAN EXEMPTION PETITION.

If you have any questions, or need assistance or clarification regarding this form, please contact either:

You may fax or mail this form to the Student Life Office:

Fax • 503-554-2339

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