



Meal Plan Accommodation Request Form

Please complete all the information requested on this form. Request will not be accepted without all the information completed.

Name: _____ Date: _____ Student ID: _____
seven – digit

Choose One: FR SO JR SR TR (transfer)

Number of EARNED CREDITS: _____ Meal Plan Requested: _____ Living Area: _____

Contact Information: Phone _____ E-mail _____

Accommodations 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 licensed, medical professional: _____

Address & phone of medical professional: _____

Explanation and supporting information (to be completed by the student):

For Office Use Only

Approved: Not Approved: Meal Plan Assigned: _____

Explanation: _____

Signature Approval: _____ Date: _____

Notification Record		
Date: _____	Student: _____	Uploaded to StarRez: _____

Meal Plan Accommodation Request Information

Please read this information carefully.

To be considered for meal plan accommodation 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 submitted AFTER these dates may 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 professional
 - 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 medical professional's office**
2. A specific, detailed diet prescription necessary to maintain life, symptom free. This prescription must be signed by a licensed medical professional. *General notes or statements without a specific diet will not be accepted: documentation must be written on office letterhead which includes the medical professional's contact information.*

Depending upon the nature of the affliction, a professional will evaluate the diagnostic statement and the diet prescription. If it is determined that the prescribed diet can be accommodated you will NOT receive an accommodation.

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 via e-mail.

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 Joseph Harrison.

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

Fax • 503-554-2339

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