

MEAL PLAN EXEMPTION REQUEST

POLICY:

A meal plan is obligatory for each student who lives in College residence halls. Exemption requests will only be made for medically prescribed diets. Class or employment schedules, finances or vegetarian/vegan/organic diets are not viable reasons for exemption to the meal plan. Food service personnel are amenable to discussing special provisions or substitutions to meet dietary requirements, scheduling conflicts or other individual needs. *Therefore, before pursuing an exemption, it is expected that you will have discussed the possibility of special provisions with Bon Appétit personnel.*

INSTRUCTIONS:

If, after speaking with Bon Appétit personnel you still feel an exemption is warranted;

1. Obtain from your physician (in an appropriate medical field) a *detailed list* of your specific dietary requirements (what you can eat, what you cannot eat, etc.), including a sample menu for at least a three day period. Include an explanation of your medical condition, the length of time required for treatment, and any relevant details needed by college personnel to make an appropriate decision.
2. Complete the section below being sure to include a description of your medical condition and its symptoms, and how long you have been under a doctor's care. Attach the documentation from your physician to this form. Your physician may be contacted for verification of your medical condition.
3. Return the form and accompanying documentation to the Office of Residence Life. An appointment with Bon Appétit and Residence Life representatives will be scheduled for you to discuss your prescribed dietary needs. (Please list times you are available below.) If Bon Appétit can provide reasonable accommodation of your prescribed diet, an exemption will not be granted.
4. If an exemption is granted, the refund will be effective on the date the exemption is granted. *Refunds will not be retroactive.*
5. A new exemption request must be filed each academic year.

Name _____ ID# _____ Phone _____

Home Address _____ Campus Box _____

City/State/Zip _____ Email _____

Exemption for _____ semester/year Year in School _____

Physician's Name _____ Telephone _____

Medical Condition/Symptoms _____

I am available to meet at the following times:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

(Please allow at least 30 minutes for your appointment.)

TO BE COMPLETED BY OFFICE OF RESIDENCE LIFE:

Approved _____ Denied _____ Effective Date _____

Signed _____

(Residence Life Personnel)