

Student Information

Name _____ ID # _____ Date _____

Current Meal Plan: 125 Block _____ Full Access _____

Residence Hall/Room # _____ CPO _____

LMC Email _____ Date of Birth _____

Parent/Guardian Name _____ Parent/Guardian Phone Number _____

Parent/Guardian Address _____

Semester Hours Completed _____ Hours Currently Enrolled _____

Last Semester's GPA _____ Cumulative GPA _____

Personal Statement

In the space provided, please explain why a meal plan reduction/exemption is required. You must clearly explain how you will provide your own meals if not eating in the dining hall. If you need more space, please attach additional pages.

Documentation

Please check the reason(s) you are applying for a meal plan reduction or exemption. Please supply any appropriate documentation. All additional documents must be typed.

Medical _____ Modified Diet _____ Religious _____ Other _____

Submission

Please return the completed form with all necessary attachments to the Office of Student Development in the Cannon Student Center. All requests must be received two weeks prior to the first day of classes in the semester of the request. Meal plan requests must be resubmitted each academic year. You will be contacted by the Student Development Office after the submission of the form. A meeting with the General Manager of Dining Services and the Meal Plan Review Committee may be required as part of the review process.

Signatures

Student _____ Date _____

Vice President of Student Development _____ Date _____