

## Student Information

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Current Meal Plan:  125 Block  Full Access

Residence Hall/Room #: \_\_\_\_\_ CPO: \_\_\_\_\_

Lees-McRae Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Semester Hours Completed: \_\_\_\_\_ Hours Currently Enrolled: \_\_\_\_\_

Last Semester's GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

## Documentation

Please check the reason(s) you are applying for a meal plan reduction or exemption. Please supply any appropriate documentation.

Medical  Religious  Other

Please note:

- Exemptions for the following reasons will not be considered: financial, vegan/vegetarian/gluten free diet (not including Celiac Disease), work/class/practice schedules, access to a kitchen, or personal preferences.
- You have an obligation to pay for your meal plan until your exemption request is approved.
- You must reapply for a meal plan exemption each year with current documentation dated within 6 months of your application.

## Personal Statement

In a separate document, please provide a typed personal statement that can further support your reasoning behind wanting a change in your current meal plan. This will go along with your additional documentations.

## Medical Justification

Documentation from a licensed health care provider is needed when applying for a meal plan change for medical reasons. This health care provider must state why the MacDonald Dining Hall is not satisfactory for your health. A written statement from a licensed health care provider does not guarantee the student will receive a meal plan exemption. This documentation should be attached to your application.

## Religious Justification

What recognized religion do you practice? What are dietary restrictions for practicing this religion? How long (for what time period, if limited to a finite set of time) are these dietary restrictions in place?

## Submission

Please return this completed form with all the necessary attachments to the Associate Dean of Students in the Office of Student Affairs, Cannon Student Center. After this form is submitted, a committee will be gathering to determine if a reasonable accommodation can be made. A meeting with the General Manager of Dining Services and the Meal Plan Review Committee may be required as a part of the review process.

## Signature

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

Date: \_\_\_\_\_

## Meal Plan Committee Approval

The following Meal Plan Committee members need to approve the above Meal Plan Change Request in order for the individual to be granted a change in their meal plan. Please initial by your name whether you approve or deny the request for a change in the meal plan.

**Carl Griewisch**, Director of Health Services: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

**Sharon Breitenstein**, Director, Burton Center for Student Success: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

**Aramark General Manager**: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

**Jon Kokos**, VP for Finance and Business Affairs: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

**Justin Kitts**, Dean of Students: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

**Todd Lidh**, Provost and Dean of Faculty: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasoning: \_\_\_\_\_

For your Meal Plan Change Request to be considered, please submit your application by July 15 for the fall semester. **The decision of the committee is final and you will not be able to appeal after a decision has been made for your application status.**

Meal Plan Update:  Approved  Denied

Date: \_\_\_\_\_

Student Contacted On: \_\_\_\_\_