



Housing & Residence Life
Request for Meal Plan Exemption

No meal plan refunds will be issued (including meal plan exemptions) past the third week after check-in in the Fall and one week after check-in in the Spring Please refer to the Housing License for the full policy on meal plan changes.

Student Name: ID# Date:

Home Address:

Phone #: Email:

I request that the requirement that I purchase a University Meal Plan be reviewed for the following reason(s). Please attach a separate page if more space is needed:

Multiple horizontal lines for providing reasons for the request.

I understand that a detailed letter of explanation from my personal physician must accompany a meal plan waiver based on medical reasons. If approved, the waiver it will be for the current academic year only.

Student Signature: Date:

APPROVAL: FOR OFFICIAL USE ONLY

Director of Health and Wellness: (Name: )

- I recommend this waiver be approved
I do not recommend that this waiver be approved
More information is needed. Please specify

Signature: Date:

Director of Dining Services: (Name: )

- I recommend this waiver be approved
I do not recommend that this waiver be approved
More information is needed. Please specify

Signature: Date:

Director of Housing and Residence Life: (Name: )

- I recommend this waiver be approved
I do not recommend that this waiver be approved
More information is needed. Please specify

Signature: Date: