REQUEST FOR EXEMPTION FROM MEAL PLAN
(Please submit form to Business Services)

Name: __________________________________________ SOSU ID#: ____________
(Please print)
Residence Hall Assignment: ____________________ Phone #: ____________

Reason why you are requesting an exemption/ modification from the meal plan requirement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If your explanation involves class schedule or work schedule, you must attach an official class
schedule and a work schedule on company letterhead signed by your supervisor. If your request
involved a medical/ADA issue, you must have a signed letter from the ADA Coordinator
requesting a meal plan adjustment.

THIS FORM IS A REQUEST ONLY.
SUBMITTING THIS FORM DOES NOT GUARANTEE THAT YOUR REQUEST WILL
BE GRANTED. UNTIL YOU RECEIVE WRITTEN NOTIFICATION THAT YOUR
REQUEST HAS BEEN APPROVED, YOU SHOULD CONTINUE TO USE YOUR MEAL
PLAN. THE REQUEST MUST BE APPROVED BY THE DIRECTOR OF RESIDENCE LIFE.

I understand that this request is not considered approved and that I will continue to be
responsible for all meals unless and until this request is approved.

Signature of Student: ________________________________ Date: ____________
________________________________________________________________________
Residence Life

_____ Approved Comments: ______________________________

_____ Not Approved

Director of Residence Life: ____________________________ Date: ____________