

REQUEST FOR EXEMPTION OR MODIFICANT OF MEAL PLAN REQUIREMENT

Name: _____ SE ID #: _____
(Please print)

Residence Hall Assignment: _____ Cell 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 HOUSING & RESIDENCE LIFE.

ADDITIONALLY, CHANGES CAN ONLY BE MADE TO MEAL PLANS BEFORE 9/10 FOR THE FALL SEMESTER AND 2/10 FOR THE SPRING SEMESTER. NO CHANGES MAY BE APPROVED AFTER THIS POINT.

I understand that this request is not considered approved and that I will continue to be responsible for my current meal plan charges unless and until this request is approved in writing.

Signature of Student: _____ Date: _____

Housing & Residence Life

_____ Approved Comments: _____

_____ Not Approved _____

Director of Housing & Residence Life: _____ Date: _____