MEAL PLAN EXEMPTION REQUEST FORM

Instructions: This form is to be completed when a student wishes to be exempt from the meal plan requirement due to medical or dietary reasons. Please complete the form making sure each section contains accurate information. Students who submit false information will be subject to disciplinary action in accordance with the Student Code of Conduct and sanctions which may include suspension from Albany State University.

Meal Plan Exemption DEADLINES: SUMMER: May 4, 2018  FALL: July 6, 2018  SPRING: November 9, 2018
Submit all Meal Plan Exemption Request Forms to the Meal Plan Office at mealplans@asurams.edu.

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Student RAM ID Number:</th>
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<tbody>
<tr>
<td>E-Mail:</td>
<td></td>
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<tr>
<td>Address (Home):</td>
<td>City:</td>
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<td></td>
<td>State:</td>
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<td>Zip:</td>
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Semester exemption requested: _______ FALL _______ SPRING _______ SUMMER

Please select reason for exemption request (check one):

_____ Dietary Restriction – I am requesting exemption from the required Board Plan due to dietary restrictions. A letter and supporting documentation from my licensed Medical Physician fully describing my dietary circumstances is attached. I understand my request will be reviewed by the food service contractor’s director and nutritionist to determine their ability to provide meals which comply with my restrictions. I further understand that Dining Services will make every effort to comply with my dietary restrictions. In the event they are not able to comply, my request for exemption will be granted. Must attach a letter and supporting documentation from your licensed medical physician for dietary restrictions.

_____ Personal Compelling Circumstances – I am requesting an exemption from the required Board Plan. A letter which explains the circumstances that preclude my participation in the required meal plan and my supporting documentation are attached. I understand that my request will be reviewed by the Meal Plan Appeals Committee and an exemption may not be granted. I also understand that additional information or documentation supporting my request may be required. Must attach a letter which concisely and fully explains your personal circumstances.

Your exemption request must include the following:

1. A letter which concisely and fully explains your dietary restriction(s) or personal circumstances.
2. All supporting documentation from your licensed medical physician (for dietary restrictions).
3. Additional documents needed are your current Academic Class Schedule and Official Work Schedule.
4. Additional documentation you deem appropriate for the Exemption Committee to consider.

*Incomplete requests will not be submitted to the Meal Plan Exemption Committee.

ACCEPTANCE AND ACKNOWLEDGMENT:

TERMS AND CONDITIONS: Students must submit a Meal Plan Contract at the time of submitting a Meal Plan Exemption request. In order to maintain the integrity of the student account, meal plan charges will be placed on the account and must be paid even if the student has submitted a Meal Plan Exemption request. Should the exemption be granted, the student’s account will be credited the cost of the meal plan or adjusted as recommended by the Meal Plan Exemption Committee.
By signing below, I hereby agree to the terms and conditions outlined above.

Student Signature: ___________________________________________ Date: ________________

FOR AUXILIARY SERVICES PERSONNEL ONLY:

Date exemption request received: _______________ Received by: ________________________________

Initial MPEC decision: ________ Approved ________ Denied Date: ________________

Student appeal decision: ________ Appeal ________ Did not appeal Date appeal received: ________________

Appeals committee decision: ________ Upheld ________ Reversed Date: ________________

Date student notified: _________________________ By: _________________________________________

Signature: ____________________________________________________________________________