



MEAL PLAN EXEMPTION REQUEST FORM

Instructions: 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 to sanction which could include suspension from Albany State University. *Notification will be sent to the student at the email address listed on this form.*

Requests for exemption from the required meal plan must be submitted to the Albany State University Auxiliary Services Offices by August 17th (Fall & Spring 2017-2018) and November 13th (New Spring 2018 Applications ONLY) or submit to mealplanae@asurams.edu (ASU Radium Springs Campus) or mealplanaw@asurams.edu (Gillionville Campus).

| | | |
|-----------------|---------------------------|-----------------------------|
| Primary Campus: | _____ Gillionville Campus | _____ Radium Springs Campus |
|-----------------|---------------------------|-----------------------------|

| | | |
|----------------------|--------|------|
| Name (please print): | | |
| ASU RAM ID: | | |
| E-Mail: | | |
| Address (local): | | |
| City: | State: | Zip: |

| | | | | |
|---|------------|--------------|--------------|-------------|
| Semester in which exemption is requested: | _____ Fall | _____ Spring | _____ Summer | Year: _____ |
|---|------------|--------------|--------------|-------------|

Please check one:

_____ **Dietary Restriction** – I am requesting exemption from the required Meal 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 Meal 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. If, at the discretion of Albany State University, my request is denied, I understand that I will be required to purchase one of the required meal plans. **Must attach a letter which concisely and fully explains your personal circumstances.**

Student Signature: _____ **Date:** _____

REMINDER: Your exemption request must include the following:

- A letter which concisely and fully explains your dietary restriction(s) or personal circumstances.
- All supporting documentation from your licensed medical physician (for dietary restrictions).
- Additional documents needed are your current Academic Class Schedule and Official Work Schedule.

| | | | |
|--|----------------|----------------------|-----------------------------|
| <u>For office use only:</u> | | | |
| Date exemption request received: _____ | | Received by: _____ | |
| Initial 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: _____ | | | |

Confidentiality Notice

This document and any attachments may contain private, confidential, and privileged information for the sole use of the intended recipient. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think that you have received this document in error, please contact the sender, keep contents confidential and immediately destroy the information.

Last Updated: July 2017