

Florida Atlantic University
Meal Plan Exemption Request Form and Procedures

A Campus Meal Plan is required of all students who live in the residence halls. FAU Dining services the needs of our resident students through a commitment to provide a well balanced meal plan offering a variety of food options to students at each meal. By making wise choices at each meal students are able to maintain a well balanced and healthy diet.

The University, in unique circumstances, may exempt a student from the required meal plan for documented medical conditions or religious dietary observance. It should be noted that all documentation must be submitted according to the exemption timeline listed below in order for a request to be considered for that semester.

Please note that the meal plan exemptions requests will only be considered for those who demonstrate that a Campus Meal Plan cannot in any way satisfy their dietary needs and provide appropriate supporting documentation as set forth below. It is the responsibility of the student to obtain any and all required approvals or necessary documentation. In order for the request to be considered **all required documentation must be submitted by the deadline. Incomplete requests will NOT be considered and will be returned to you.** Important things to keep in mind:

- The deadline for Fall semester exemption requests is August 1, 2016.
- The deadline for Spring semester exemption requests is December 2, 2016.
- Outcome of exemption request will be provided via email to your FAU email address.
- Requests **received after the deadline(s) will not be considered until the following semester.**
- **Please note that you have an obligation to pay for your meal plan until your exemption request is approved.**
- If you submit an exemption request and the meal charge has been placed on your account, understand that you are responsible for all payments by deadlines. It is recommended that you pay for your meal plan and if your request is approved, a refund will be processed from the date the request was approved. You are responsible for all charges up to that date.
- Exemptions are only granted when the Dining Services program is not able to meet the dietary needs of the student in any respect.

TO BE COMPLETED BY THE STUDENT MAKING THE REQUEST

Request Date _____

Part I. Personal Information

Exemption Request Period (check one) Fall 16 Spring 17

Name _____ Z # _____

FAU Email Address _____ @ fau.edu Contact Phone Number () _____

Exemption request based on: Medical Condition Religious Dietary Observance

Religious Affiliation _____

Part II. Personal Statement: Written essay which details why you require an exemption from the Campus Meal Plan. Must be clear in your statement how you will obtain, store and prepare your food during the semester. Attach additional documentation if needed. Personal statements are required for all meal plan exemption requests.

Part III. Documentation (please attach): In addition to the personal statement above, please provide the following documentation:

Medical: All of the following documentation is required:

1. A letter on letterhead from a medical doctor (letters from chiropractors are not accepted) is required stating what your medical condition is and why such medical condition prevents you from fulfilling your dietary needs through a campus meal plan. In the event of food intolerance/allergies, the doctor must state specifically which food(s) you cannot consume.
2. Copies of all tests performed that substantiate the diagnosis including the date taken.
3. A diet you are to follow for your medical condition. This includes a sample menu for meals/snacks for 3 days, foods you are to avoid, and foods you can eat. This diet plan should be provided from your medical doctor.

Religious: The following documentation is required

1. A letter from a recognized religious leader explaining the dietary guidelines of your religious observance and why such dietary needs cannot be provided thru a campus meal plan.

Part IV. Review Process:

1. This completed form along with all required documentation must be received by FAU Business Services by deadlines listed. Business Services is located at Florida Atlantic University, 777 Glades Road, Business Services Bldg. 8 W, Suite 124 A, Boca Raton, FL 33433.
2. Once requests are received, they will be reviewed and submitted to other University departments or organizations for further consideration. These areas include; but are not limited to, Student Health Services, Campus Ministries and Hillel.
3. It usually takes approximately one to two weeks from receipt of your exemption request to obtain a final decision.
4. Notification of the decision will be made via email to the student's FAU email address.
5. It should be noted that the decision is final.

- 6. If the request is approved, the charge is prorated from the date the decision was rendered. All charges up to that date are valid.
- 7. The credit is posted on the student account and only if there is no outstanding balance on the account will a refund be issued. Otherwise, the credit may be applied towards any outstanding amount of the student's university account.

Acknowledgement:

I acknowledge that this request is an official university document and as such I acknowledge that it is subject to conditions set forth in the Student Code of Conduct (Regulation 4.007) more specifically Section 5 (g) which reads –

(5) Violations of the Code of Conduct: Any of the following actions constitute conduct for which a student, a group of students, or a student organization may be subject to student conduct/disciplinary action.

(g) Providing false information to University officials, forgery, the withholding of required information or the misuse or alteration of University documents or the University's name or logos.

Signature _____

Date _____

FOR OFFICE USE ONLY

Date request received by Business Services _____

Request sent to: Student Health Hillel Campus Ministries Other _____

Comments by person(s) reviewing request:

Approved

Denied

Signature of reviewer _____

Date _____

Email sent to student: Date _____ By _____