



## CHANGE OF MEAL PLAN/EXEMPTION APPLICATION

### Part I: Application

Name: \_\_\_\_\_

USU A#.: \_\_\_\_\_

**Currently on:**     No Meal Plan                       20 Meals per Week                       15 Meals per Week  
                          10 Meals per Week                       7 Meals per Week

School Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Part II: Personal Statement** – The student is to write an essay which details why a change/exemption of the meal plan is required. It must be clear in your statement how you will provide your own meals if not eating in the dining operations.

### PART III: Documentation (please attach)

Reason(s) for Applying – Check the reason(s) you are applying for a meal plan exemption. Supply the appropriate documentation per policy.

- Medical**
- Nonmedical**
  - Religious**
  - Employment**
  - Other** \_\_\_\_\_

|                        |
|------------------------|
| <b>Office Use Only</b> |
| Date Received _____    |
| Date Responded _____   |

Your completed application must be turned into the Dining Services Administrative Office in **Taggart Student Center Room 232**. It is recommended that you make a copy of this application and keep it for your files. Your signature below indicates that you have read the Dining Services Policy #321 completely and understand the procedures. Your signature also gives permission to the coordinator of the committee to share documentation with the committee and to other departments on campus to assist in your case if necessary. Confidentiality is ensured.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date