



Meal Plan Exemption Request

As outlined in the University Student Handbook, all first- and second-year students living in USF residences are required to purchase the appropriate meal plan. Students with medical conditions documented by a licensed health professional that cannot be accommodated by Dining Services may seek a reduction in or an exemption from the meal plan. If approved, these meal plan revisions are granted for the current academic year; students must re-apply annually so that circumstances can be reevaluated.

It is the responsibility of the student to obtain all required approvals and necessary documentation; only complete forms and files by the deadline will be reviewed. Notification of exemption request will be sent via email to your USF email account.

Deadlines: Fall – **September 9, 2016 at 5 pm**
Spring – **February 10, 2017 at 5 pm**

Requests received after the deadline will not be considered. Also, please note that you have an obligation to pay for your meal plan until your exemption request is approved.

To be completed by student making the request

Student Name: _____ Date: _____

USF Student ID: _____

Academic Standing: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Current Meal Plan: _____ Current Residence Hall: _____

Phone Number: _____ USF Email Address: _____

Please identify your request: Exemption: _____ Reduction: _____

Reason for Exemption/Reduction Request: _____

Student Signature: _____ Date: _____

This form (completed by the exemption requestor) AND the Physician Statement must be submitted together in order to be eligible for review. The information you provide should specifically outline the reason(s) you feel you should be granted an exemption to your meal plan. Please attach any supporting documentation that you feel will help explain your case and return (via mail, fax, or in person) to Student Development using the contact information in the header of this form.

The above student resides on the USF campus and is requesting an exemption from the required meal plan based on medical conditions or special dietary needs that cannot be accommodated by our Dining Services. In order for this request to be reviewed, verification from the student's licensed health professional is required.

Authorization to Release Information

I authorize my Physician to release information related to my request to Student Development for the purpose of obtaining exemption/reduction from my required meal plan and to discuss this request with a representative from Student Development, if necessary.

Student Signature Date

Exemptions to the meal plan requirements are granted only when the food service program is unable to meet the prescribed needs of the student. No exemption request will be considered without a completed Physician Advisor Statement.

To Be Completed by Licensed Medical Professional

Reason for exemption request: _____

Special Dietary Needs: _____

I recommend the student be **EXEMPT** or allowed to purchase a **REDUCED** meal plan. *(Circle one)*

Physician Signature (Printed Name) Date

Address City, State, Zip

Phone Number

Student Development Office Use Only		
Date Received: ____/____/____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approval Signature: _____
Effective Date: ____/____/____	Documentation Attached: Y N	
Notification Sent to Student's USF Email Account? Y N	Date Email Sent: ____/____/____	