



University of Sioux Falls Meal Plan Exemption/Accommodation

This policy establishes the guidelines and procedures for students requesting an exemption from University of Sioux Falls (USF) Meal Plan program. The Meal Plan Exemption Policy covers meal plans for all students who live on campus and are required to purchase a meal plan.

USF requires students who live in the residence halls for their first 2 years to participate in a USF meal plan – either the Unlimited Plan or the Block 175 Plan.

Aladdin Dining Services, features a variety of choices intended to meet students' dietary needs. In certain situations, a student may need to request special meal plan accommodation or in the event Aladdin Dining Services cannot meet the student's documented dietary or religious dietary observance, an exemption from the meal plan participation may be requested.

Please note that a meal plan exemption will be granted only when Aladdin cannot meet the nutritional needs of a student.

Students requesting a meal plan exemption must provide 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.

Meal Plan Exemption/Accommodation Process

1. To initiate the Meal Plan Exemption/Accommodation process, a student should submit a completed Meal Plan Exemption/Accommodation Request Form to the Department of Student Life by the deadline along with the appropriate accompanying materials to support the request.
2. Once the Meal Plan Exemption/Accommodation Request Form is received, the Department of Student Life will review this request in conjunction with Dining Services and approve or deny the request. The student will receive communication regarding their exemption request status via their USF email account typically within 3-4 weeks.

FALL: The final deadline for fall semester exemption requests is the Friday following the first day of classes.

SPRING: The final deadline for spring semester exemptions requests is the Friday following the first day of classes

Important Related Information:

1. Exemptions for the following reasons will not be considered: dietary preference (e.g. vegan/vegetarian), work/class/practice schedules, or other personal preferences.
2. The health care provider must be a medical doctor MD, DO, NP or ND (correspondence from chiropractors and herbalists will not be accepted).

3. If the request is approved, the meal plan charge will be prorated from the date of the completed request. All charges up to that date are valid and will remain on the student's account.
4. **Failure to include required documents with the Meal Plan Exemption/Accommodation Request Form could result in a delay and/or denial of request.**
5. Requests received after the deadline(s) will not be considered until the following semester unless a medical condition or a disability arises in the interim.
6. If you submit an exemption request and the board charge has been placed on your account, understand that you are responsible for meeting all payment deadlines. It is recommended that you pay for your meal plan and if your request is approved, your account will be credited on a pro-rata basis determined by the date the exemption is approved.
7. You must reapply for a meal plan exemption each year with current documentation dated within six months of your application.
8. Please keep a copy of the documentation that you submit for your files.
9. Presentation of falsified information will be considered a violation of the Student Code of Conduct resulting in appropriate disciplinary action up to and including expulsion.

Meal Plan Exemption/Accommodation Request Form – Medical

Department of Student Life

10.

GENERAL INFORMATION			
Last Name:	First Name:	Student ID:	
Email:		Primary Phone: ()	
High School Graduation Year:		Current Meal Plan	
Period of Request:		Residence Hall/Apartment	
Academic Year			
Fall Only			
Spring Only			

AGREEMENT AND AUTHORIZATION

By signing below, you acknowledge you have read the below information and the information provided with this request is accurate.

USF requires specific diagnostic information from a licensed medical doctor who is familiar with the student’s medical history and current condition or diagnosis. The student must complete page one of the form below. **To facilitate this process, the student is required to complete and sign the Permission to Release Information.** This signature allows the physician to provide information to USF, and allows the appropriate and qualified USF, permission to discuss the student’s condition or resulting determination with the physician completing this form. The provider must complete the pages, sign, and return the completed packet to:

**Mail: University of Sioux Falls Student Life
1101 W22nd St
Sioux Falls, SD 57105**

Student’s Name: _____

Student ID#: _____ Phone Number: _____

Address: _____

11. (Street Address/PO Box/Residence Hall and Room) (City) (State/Zip)

I give Dr. _____ of the _____

Medical Clinic/Center permission to release to the University of Sioux Falls any and all relevant medical information needed for my accommodation request. I also authorize my physician to discuss my condition(s) with the appropriate and qualified USF personnel on an as needed basis.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18) _____ Date: _____

Explanation of Request for Meal Plan Exemption/Accommodation

Describe why you are requesting a meal plan exemption/accommodation. Please provide specific information:

STUDENT MEDICAL INFORMATION*(To be completed as part of a Medical Meal Plan Exemption Request)*

1. Explain the nature of your medical condition and why you believe you require an accommodation from a campus meal plan. Please provide specific information related to this request.

2. When did your symptoms first begin?	_____
3. When did you first seek treatment?	_____
4. Are you currently being treated by a physician	_____yes _____no
5. Have you been referred to a specialist?	_____yes _____no

MEDICAL PROFESSIONAL INFORMATION*(to be completed by a certified medical professional as part of a Medical Meal Plan Exemption Request)*

1. Please state the student's diagnosis(es):

2. When was the student diagnosed with the above condition(s)?

3. Is this a temporary or permanent condition? If it is temporary, when is the student's expected recovery date?

4. Please describe the dietary requirements the student must follow because of their diagnosed condition. Please provide specific examples of prescribed dietary requirements.

The information I have submitted is based on professional documentation and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student's request. I affirm that this information is not based, in any way, on any personal relationship with the student. I understand that I may be contacted for additional information should more documentation be needed.

Doctor/Health Care provider name (printed)

Clinical/Medical Center

Doctor/Health Care provider signature

Date

Doctor/Health Care provider primary phone

