



SAINT LOUIS UNIVERSITY

Higher purpose. Greater good.™

SAINT LOUIS UNIVERSITY



Meal Plan Exemption Request Form

Name (Last, First, Middle)	SLU Banner ID #	Request Date (month/day/year)
		___/___/_____

To Be Completed by Student Making the Request

Exemption Request Period (Check One): Fall 2014 Spring 2015 Academic Year 2014-2015

Year in School (Check One): Freshman Sophomore Junior Senior Graduate

Current Hall: _____ Room: _____

Current Meal Plan: Traditional Spirit Saints SLU Blue

Best Contact Information Number: (____) _____ - _____ SLU Email: _____@slu.edu

Exemption Request Based On (check one):

Medical Condition: _____

Food Allergy (ies): _____

Religious Dietary Observance – Religious Affiliation: _____

Surgical (state the surgery): _____

Gastrointestinal (state the GI disease or illness): _____

Epi-Pen Yes No

Reason for Exemption Request in Detail:

Considering dietary needs, why meal plans offered will not satisfy dietary requirements:

**Attach physician documentation of allergy diagnosis, surgical related modifications required, or gastrointestinal diagnosis and modifications.*

Student Signature

Date

Date Received: ___/___/___	Approved	Not Approved	Approval Signature: _____
Effective Date: ___/___/___	Documentation Attached:	Y N	
Notification Sent To Student's SLU Email Account?	Y N	Date Email Sent: ___/___/___	