

GENERAL INFORMATION

Last Name:		First Name:		Student ID:	
Email:			Primary Phone: ()		
Period of Request: <input type="checkbox"/> 2014-15 Academic Year <input type="checkbox"/> 2014 Fall only <input type="checkbox"/> 2015 Spring only			Exemption Type: <input type="checkbox"/> Religious Exemption <input type="checkbox"/> Medical Exemption		

AGREEMENT AND AUTHORIZATION

By signing below, you acknowledge you have read the below information and the information provided with this request is accurate, to the best of your knowledge. By signing, you authorize your medical representative and Earlham College Health Services to release any appropriate medical information to the Office of Residence Life.

For Medical Exemption Requests:

Also, I give Dr. _____ of the _____ Medical Clinic/Center permission to release any and all relevant information needed for consideration of the meal plan exemption request to Earlham College.

_____	_____
<i>Student Signature</i>	<i>Date</i>
_____	_____
<i>Parent/Guardian Signature (if student is under 18)</i>	<i>Date</i>

Submit all required documentation to:
 Office of Residence Life
 c/o Dan Rohmiller
 Earlham College
 801 National Road West, Drawer 195
 Richmond, IN 47374

POLICY, DEADLINE, AND PROCESS

On-Campus Residency and Meal Plan Policy

Within the broad context of Principles and Practices, the Residence Life program is shaped by a view of residence halls and houses as learning environments. The most important learning that occurs outside the classroom takes place between students (Schroeder and Mable, 1994). Because of the positive impact the on-campus, residential environment has on the learning process and the College curriculum, Earlham College requires all students to live in approved on-campus, Earlham College housing facilities. Students living within on-campus residence halls are also required to have a College meal plan.

On-Campus Meal Plan Exemption Policy

Because of the limitations of the College's facilities, students who practice a recognized religion or who have a documented medical condition, either of which requires a specific diet that cannot be accommodated by Earlham College, may be exempted from the meal plan requirement. An approved meal plan exemption shall last for an academic year; the student must re-request the meal plan exemption each academic year with current documentation. A meal plan exemption will not be granted solely on the basis of the student's status as a vegetarian/vegan or that food service does not meet a student's personal food preferences.

Deadline

All meal plan exemption requests should be submitted by June 1, 2014. New, confirmed students to Earlham College after the June 1 deadline, will be allowed a two week period after their acceptance to complete and submit a meal plan exemption request.

General Process

1. To begin the Meal Plan Exemption process, a student should submit a completed Meal Plan Exemption Request Form to the Office of Residence Life by the deadline.
2. Once the Meal Plan Exemption Request Form is received, the Office of Residence Life will review this request in conjunction with Dining Services, Religious Life, and/or Health Services and approve or deny the request. The student will be communicated with about their exemption request status via their Earlham College email. All requests received by June 1 will be processed by June 15. Subsequent requests after the June 1 deadline from new students will be processed as soon as possible.

Appeal Process

3. Students wishing to appeal the decision by the Office of Residence Life may submit a written appeal to the Associate Dean of Student Development/Director of Residence Life – Shane Peters – within five (5) business days after the original decision notification. This appeal should be sent via email or post through the addresses below. In the appeal, the student should clearly and concisely articulate why he/she believes the Meal Plan Exemption Policy and its definitions applies to his/her situation.
4. The Associate Dean of Student Development shall review the appeal and respond, in writing, and his decision shall be final.

Shane Peters
Associate Dean of Student Development
Earlham College
801 National Road West, Drawer 195
Richmond, IN 47374
Email: petersh@earlham.edu

STUDENT RELIGIOUS INFORMATION

(To be completed as part of a Religious Meal Plan Exemption Request)

1. What recognized religion do you practice?

2. How long have you practiced this religion?

3. What are dietary restrictions for practicing this religion? How long are these dietary restrictions in place?

4. In what ways do you practice this religion, besides the above mentioned dietary restrictions?

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 exemption from a campus meal plan.

2. When did your symptoms first begin?

3. When did you first seek treatment?

4a. Are you currently being treated by a physician?

a. Yes No

4b. Have you been referred to a specialist?

b. 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.

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 Earlham College may refer this information to other Health Care professionals or referral physicians for a second opinion. I also understand that I may be contacted for additional information should more documentation be needed.

Doctor/Health Care provider name (printed)

Clinic/Medical Center

Doctor/Health Care provider signature

Date

Doctor/Health Care provider primary phone