

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI
MEAL PLAN WAIVER REQUEST FORM**

| | | |
|---|-----------------------------------|-------------|
| NAME: | STUDENT ID#: | |
| ADDRESS: | CITY: | STATE: ZIP: |
| TODAY'S DATE: | PHONE: | EMAIL: |
| ROOM TYPE: <input type="checkbox"/> APARTMENT | <input type="checkbox"/> STANDARD | |

INSTRUCTIONS: Complete this form and return along with written documentation as outlined below.

FORM WILL NOT BE PROCESSED WITHOUT DOCUMENTATION.

DEADLINE: Please submit your request prior to the first day of class as you will be billed for a meal plan while your request is being reviewed. Requests received after the deadline date will automatically require review by the Meal Plan Waiver Review Committee (except for University withdrawal or housing contract cancellation). If your request is approved, your bill will be adjusted for the remaining portion of the meal plan. Any issues arising mid-term will be addressed on an individual basis.

RETURN TO: University Services; 6300 Ocean Drive, Unit 5734; Corpus Christi, TX 78412-5734

Please choose one of the following:

MEDICAL: Provide the basis for your medical exemption request and attach all documentation that supports your request. All medical conditions must be certified by a licensed medical provider and/or Registered Dietician.

OTHER: Provide a detailed letter of explanation and documentation for your request.

I have read the conditions of the Meal Plan Waiver Request Form and have attached the required documentation.

Student Signature: _____

Print Name: _____

Date: _____