

### University Housing - ARIZONA STATE UNIVERSITY Meal Plan Exemption Request

ASU University Housing P.O. Box 870212 Tempe, AZ 85287-0212 Fax (480) 965-1534

Name (Last, First, Middle)	ASU Affiliate ID #	Reques	st Date (month/day/year)

As per the University Housing License Agreement each student signs, and for reasons of public health and personal wellness, the meal plan is required of **all freshmen students who live in an on-campus residence hall,** and who live in halls that require meal plans (Taylor Place, Barrett Residential Complex, Irish Hall, Casa de Oro). In unique circumstances, the University may exempt a student from the required meal plan for a documented medical condition or religious dietary observance. All documentation must be submitted according to the exemption timeline listed below in order for a request to be considered for that semester. Students are only allowed to submit one meal plan exemption request per semester.

Meal plan exemption requests will only be considered for those students who demonstrate critical need to be exempt from the meal plan and provide <u>appropriate documentation</u>. It is the responsibility of the student to obtain any and all required approvals or necessary documentation. Fall semester requests will be accepted until *October 2*, 2015 at 5:00pm. Spring semester requests will be accepted until *February 26*, 2016 at 5:00 pm. The outcome of exemption requests will be provided via email to your ASU email account. Requests received after the deadline(s) will not be considered until the next semester. Please note that you have an obligation to pay for your meal plan until your exemption request is approved.

Meal Plans are considered *valid charges until approved* and students have an obligation to pay for their meal plan until they have been given official communication that their exemption has been accepted.

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To Be Completed by Student Makin	g the Request:		
<b>Exemption Request Period**</b> (Che	eck one):	Year 2015-2016 □ Spring 2016	
Year in School** (Check One): □ l	Freshman 🗆 Sophomore 🗆	Junior   □ Senior   □ Graduate	
Current Hall**:	Room**:	Campus**:	
Current Meal Plan**:		Requested Plan:	
<b>Best Contact Phone Number**</b> : (_	)	ASU Email Address**:	@asu.edu
<b>Exemption Request Based On**</b> (	Check one): □ Medical C	ondition	
	□ Religious	Dietary Observance	
	Religious	Affiliation:	
Reason for Exemption Request**:			
Considering dietary needs, why m	eal plans offered will no	t satisfy dietary requirements**:	
This form (completed by the exempt	tion requestor) AND the P	hysician/Spiritual Advisor Statement mus	st be <b>submitted</b>
		you provide should specifically outline th	
		ach any supporting documentation that yo	
		Housing using the contact information in	the header of this
form. All required fields must be c	ompleted in order for re	view. ** Indicates required fields **	
Student Signature	Date	<del></del>	
Stadin Signature			



# University Housing - ARIZONA STATE UNIVERSITY Meal Plan Exemption Request Physician/Spiritual Advisor Statement

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Student's Name (Last, First, Middle)	ASU Affiliate ID #	Date (m	onth/day/year)

The above named student resides on the ASU campus and is requesting an exemption from the required meal plan based on medical conditions, special dietary needs and/or religious dietary observances. Verification from the student's physician or spiritual advisor is required in order for the request to be reviewed. Some circumstances **may require a conference with an on-site nutritionist** in order to justify your request: Please note that documentation acceptance is at the discretion of the nutritionist and documents from certain health professionals may not be accepted.

Exemptions to the meal plan requirements are granted only when Sun Devil Dining is unable to meet the prescribed needs of the student. No exemption request will be considered without a completed Physician/Spiritual Advisor Statement.

Descen for exemption request (medical send	ition on noligious dis	tony observence) **•
Reason for exemption request (medical cond	ition or religious die	tary observance) ***:
		<del></del>
Special Dietary Needs**:		
Given the above information, I believe the s	student would be ha	rmed if s/he participated in the required meal plan
	/ /	
Physician's/Spiritual Advisor's Signature	Date	Physician's/Spiritual Advisor's Printed Name
		Gir Grand 17
1 1 1		City, State, and Zip
Address		City, State, and Zip

All required fields must be completed in order for review. \*\* Indicates required fields \*\*



## **University Housing - ARIZONA STATE UNIVERSITY Meal Plan Exemption Request Schedule**

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### **Fall 2015 Meal Plan Exemption Requests**

- First Phase Completed documentation and exemption form in by August 14, 5pm Students will be notified on or before September 9<sup>th</sup>
- **Second Phase Completed documentation and exemption form in by September 11, 5pm** Students will be notified on or before September 30<sup>th</sup>
- Third Phase Completed documentation and exemption form in by October 2, 5pm Students will be notified on or before October 21st

Fall semester requests will <u>not</u> be accepted after October 2<sup>nd</sup> at 5 pm. Any exemption submitted past this date/time will only be considered for the spring semester. The outcome of exemption requests will be provided via email to your ASU email account.

#### **Spring 2016 Meal Plan Exemption Requests**

- First Phase Completed documentation and exemption form in by January 8, 5pm Students will be notified on or before January 31st
- **Second Phase Completed documentation and exemption form in by February 5, 5pm** Students will be notified on or before February 21st
- Third Phase Completed documentation and exemption form in by February 26, 5pm Students will be notified on or before March 13<sup>th</sup>

Spring semester requests will <u>not</u> be accepted after February 26, 2016 at 5 pm. The outcome of exemption requests will be provided via email to your ASU email account.

NOTE: Meal Plans are considered valid charges until approved and students have an obligation to pay for their meal plan until they have been given official communication that their exemption has been accepted.