



## Request for an Exemption or Change from the Meal Ticket Requirement of Louisiana Christian University

**All residence hall students are required to purchase a meal plan.**

I, \_\_\_\_\_ request an exemption/change from the meal plan policy at Louisiana Christian University during the \_\_\_\_\_ (FA or SP/YEAR) semester due to the following reason (check all that apply):

\_\_\_ I am transferring to off campus living

\_\_\_ I have an illness or physical condition requiring special dietary consideration (please attach a doctor's evaluation detailing your medical and /or behavioral health condition dated within the last 6 months for verification)

\_\_\_ I have scheduling conflicts due to college sponsored activities

\_\_\_ Other:

### **Student Information:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Residence Hall: \_\_\_\_\_ Room #: \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Student instructions for completing meal exemption form:**

1. Complete the Request (fill in all the blanks)
2. Student is responsible to take the form to the Director of Residence Life for signature
3. If applicable, student is responsible to take the form to the Director of Office of Disabilities.
4. Student is responsible to take the form to the Food Services Director for signature
5. Once the ResLife Director, the Director of the Office of Disabilities and the Food Services Director have approved and signed the form, the student is responsible for turning the form into the business office in Alexandria Hall. A refund or credit will then be added to the student's account.

**For Office Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester Applied For: \_\_\_\_\_

\_\_\_\_ The above student is exempt from purchasing a meal plan for the \_\_\_\_\_ semester.

\_\_\_\_ The above student is **denied** meal exemption for the following reasons:

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***This form is NOT valid unless signed by all of the following:***

**Director of Residence Life**

**Date**

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**Director of Office of Disabilities**

**Date**

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**Director of Food Services**

**Date**

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**Accommodations include:**

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**Business Manager**

**Date**

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