

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.

l,	request an exemption/cha	nge from the
meal plan policy at Louisiana (Christian University during the	
(FA or SP/YEAR) semester due t	to the following reason (check all that ap	oply):
I am transferring to off car	mpus living	
I have an illness or physico	al condition requiring special dietary con	ısideration
(please attach a doctor's eval	luation detailing your medical and /or be	ehavioral health
condition dated within the last	6 months for verification)	
_	s due to college sponsored activities	
Student Information:		
Name:	Student ID:	
Address:	Email:	
Cell Number:	Residence Hall: Ro	om #:
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:

Business Manager	Date
Accommodations include:	
Director of Food Services	Date
Director of Office of Disabilities	Date
Director of Residence Life	Date
This form is NOT valid unless signed by all of the fo	ollowing:
The above student is denied meal exem	nption for the following reasons:
semester.	<u> </u>
The above student is exempt from pure	chasing a meal plan for the