



MEAL PLAN APPEAL APPLICATION

I am appealing my meal plan (*Attach official supporting documentation*) . . .

- Due to medical need
- Due to nutritional need
- Due to religious conviction
- For another reason

APPLICANT INFORMATION		
Last Name:	First:	Date
School Address		L Number
City	State	ZIP
Phone	E-mail Address	
Year in school: FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Resident <input type="checkbox"/> Commuter <input type="checkbox"/>		
Semester appeal applied: Fall 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/>		
APPEAL INFORMATION		
<i>Please explain in detail.</i>		
Current Plan:	Desired Plan:	
Reason for Change Request:		
<i>Attach additional pages as needed.</i>		
DISCLAIMER AND SIGNATURE		
<i>I certify that my answers are true and complete to the best of my knowledge. Any false information is a direct violation of the honor code and I will be held accountable.</i>		
Signature		Date
AUTHORIZATION : FOR OFFICE USE ONLY		
Decision YES <input type="checkbox"/> Change plan to: _____ <input type="checkbox"/> Cancel plan NO <input type="checkbox"/>		
Reason:		
Refund <input type="checkbox"/> \$ _____	Pro-rate <input type="checkbox"/> \$ _____	
Effective Date:		
Office Notes:		