

## Sul Ross State University Meal Plan Exemption Policy

Sul Ross State University supports residents in having a positive residential experience. All residents living in the residence halls at Sul Ross State University are required to have a meal plan. Aramark is committed to offering students varied menus that fit their dietary needs. All exemption form requests must be submitted with the proper documentation and reviewed by the Director of Residential Living. Meal exemption forms should be submitted no later than one week before the first official day of classes. All appeals should be directed to the Dean of Students within 5 class days of a denied meal plan exemption.

Exemptions may be granted to students who meet the following criteria:

a) A documented medical condition or dietary restriction. Detailed medical documentation must be provided to Counseling and Accessibility Services which includes a physician's or dietician's plan to meet the diet needs. This should be done prior to submitting the exemption request.

\*\*Financial circumstances will **not** be considered.

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## Sul Ross State University Meal Plan Exemption Request Form

## Semester/Year Exemption Desired:

Student Legal Name:									
									Student A#:
SRSU E-I	mail:								
Please select t	Phone: ( ) -  SU E-mail:  e select the reason for your exemption:  A documented medical condition or dietary issue that prohibits a student from utilizing the Dining Meal Plan. Detailed medical documentation to verify the condition must be provided.  pporting materials must be provided at time of form submission. This form is a st, not an automatic guarantee to be exempt from having a meal plan. This form is to bmitted to the Office of Residential Living via reslife@sulross.edu and will be reviewed a Director. The Director will then contact you via your Sul Ross email account ding the status of your request. If you wish to appeal a decision regarding the meal exemption, please contact the Dean of Students Office within 5 days of the denied ption.								
the Dining Meal Plan. Detailed medical documentation to verify the condition must be									
request, not and be submitted to by the Director regarding the	n automat o the Office r. The Direstatus of y	ic guarant ce of Resi ector will your reque	tee to be of dential Li then cont est. If you	exempt from hav ving via <u>reslife@</u> act you via your u wish to appeal	ing a sulro Sul F a dec	mea SSS.e Ross cisio	al plan. T edu and w email ac n regardi	his form is to vill be review count ng the meal	
Student Signature:						Date:			
Director Signature:						Date:			
Approved		Denied Forwarded				to Dean of Students			
Reason for Denial:								ı	