UNIVERSITY OF ROCHESTER
2018-2019 Dining Plan Appeal/Exception Form

Students: Please complete the top portion of this form. Include all required documentation (See Terms and Conditions).

Name: ___________________________________ Student ID #: ___________________ Class Year: ____________

Last First

Phone Number: ___________________________ Email Address: __________________________

Residence Hall: __________________________ I request to: □ Cancel my meal plan □ Change my meal plan: __________________________

(Specific plan requested)

Semester: □ Fall □ Spring □ Academic Year □ Permanent

Reason:
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________

□ I read & understand the Terms & Conditions □ I have included all of the required documentation □ Medical documentation sent to UHS

Student Signature: ___________________________________ Date: ____________

FOR OFFICE USE ONLY

Staff Comments:
__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

□ APPROVED □ ACADEMIC YEAR □ FALL □ SPRING □ PERMANENT □ DENIED

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

□ Student Follow up required:
__________________________________________________________________________________________________________________________________________________________________

Administrative Signature: __________________________ Date: __________________

R. Cameron Schauf, Director of Auxiliary Operations & Campus Dining Services

FOR OFFICE USE ONLY

Current Plan: ____________ New Plan ____________ Effective Date: ___/___/____

Meal/OH Refund $___________ Meal/OH Charge $___________ □ BB □ Excel

Declining Refund $___________ Declining Charge $___________ □ ISIS □ Access

Net Adjustment $___________ Net SV Adjustment $___________

□ Copies made for file □ Email sent to student