UNIVERSITY OF ROCHESTER
2019-2020 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