

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 Summer

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 SUMMER 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