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