2024-2025 DINING PLAN APPEAL/EXCEPTION REQUEST

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

Name: ___________________________________________ Student ID #: __________________________ Class Year: ____________________

Last Name __________________________________ First Name __________________________________

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

________________________________________________________________________

Director of Campus Dining Services & Auxiliary Operations

□ Student Follow up required: __________________________________________ Date: ______________________

Administrative Signature: __________________________________________ Date: ______________________

FOR OFFICE USE ONLY

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

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

Dining $ Refund $ ____________ Dining $ Charge $ ____________ □ UR Student □ Access

Net Adjustment $ ____________ Net SV Adjustment $ ____________

□ Copies made for file □ Email sent to student