

# 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 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: \_\_\_\_\_

*Director of Campus Dining Services & Auxiliary Operations*

## 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