USCB Commuter Meal Plan
Exemption Request Form and Procedures

A Campus Meal Plan is required of all full-time commuter students. USCB Dining serves the needs of students through a commitment to provide a well-balanced meal plan offering a variety of food options to students at each meal. By making wise choices at each meal, students are able to maintain a well-balanced and healthy diet.

The University, in unique circumstances, may exempt a student from the Commuter Meal Plan for documented medical conditions, religious dietary observance or for students who are unable to make use of the plan (Saturday or online courses only). It should be noted that all documentation must be submitted according to the exemption timeline listed below in order for a request to be considered for that semester.

Please note that the Commuter Meal Plan exemption requests will only be considered for those who demonstrate that a Commuter Meal Plan cannot in any way satisfy their dietary needs and provide appropriate supporting documentation as set forth below. It is the responsibility of the student to obtain any and all required approvals or necessary documentation. In order for the request to be considered all required documentation must be submitted by the deadline. Important things to keep in mind:

- The deadline for FALL semester exemption requests is August 30, 2019.
- A copy of your schedule for the semester must be attached for your request to be complete.
- Exemption requests are for commuter students only. Resident students must have a meal plan per the housing contract.
- Outcome of exemption request will be provided via email to your USCB email address.
- Requests received after the deadline(s) will not be considered until the following semester.
- Please note that you have an obligation to pay for your meal plan until your exemption request is approved.
- If you submit an exemption request and the meal charge has been placed on your account, understand that you are responsible for all payments by deadlines. It is recommended that you pay for your meal plan and if your request is approved, a refund will be processed from the date the request was approved. You are responsible for all charges up to that date.
- Exemptions are only granted when the Dining Services program is not able to meet the dietary needs of the student in any respect.

TO BE COMPLETED BY THE STUDENT MAKING THE REQUEST

Part I. Personal Information

Request Date

Commuter Exemption Request Period (check one)  Fall 19  Spring 20

Name  VIP ID#  USCB Email Address  Contact Phone # ( )

Email Address  @email.uscb.edu  Contact Phone # ( )

Exemption request based on:  Medical Condition  Religious Dietary Observance  Saturday/Online Classes Only  Student Teaching Offsite  Veteran or Active Duty Military  Full-time USCB Employee
Part II. Personal Statement: Written essay which details why you require an exemption from the Commuter Meal Plan. Attach additional documentation if needed. Personal statements are required for all meal plan exemption requests.
Part III. Documentation (please attach): In addition to the personal statement above, please provide the following documentation:

Saturday/Online Only: The following documentation is required:
1. Copy of electronic class schedule from SSC indicating that your schedule is all Saturday Classes or all online classes. A schedule which includes online classes or Saturday classes with weekday classes does not qualify.

Medical: All of the following documentation is required:
1. A letter on letterhead from a medical doctor (letters from chiropractors are not accepted) is required stating what your medical condition is and why such medical condition prevents you from fulfilling your dietary needs through a commuter meal plan. In the event of food intolerance/allergies, the doctor must state specifically which food(s) you cannot consume.
2. A dietary guideline signed by a physician. This includes a sample menu for meals/snacks for 3 days, foods you are to avoid, and foods you can eat. This diet plan should be provided from your medical doctor.

Religious: The following documentation is required:
1. A letter from a recognized religious leader explaining the dietary guidelines of your religious observance and why such dietary needs cannot be provided thru a Commuter Meal Plan.

Student Teaching Offsite:
1. Copy of electronic class schedule from SSC.

Veteran:
1. Receiving Veterans Benefits.

Part IV. Review Process:
1. This completed form along with all required documentation must be received in the USCB Student Development office, Room 202 Library, or be emailed to: studentdevelopment@uscb.edu
2. Once requests are received, they will be reviewed by the Exemption Committee.
3. It usually takes approximately one to two weeks from receipt of your exemption request to obtain a final decision.
4. Notification of the decision will be made via email to the student’s USCB email address.
5. It should be noted that the decision is final.
6. If the request is approved, the charge is prorated from the date the decision was rendered. All charges up to that date are valid.
7. The credit is posted on the student account and only if there is no outstanding balance on the account will a refund be issued. Otherwise, the credit may be applied towards any outstanding amount of the student’s university account.
8. Please note that if your circumstances change to allow use of the Commuter Meal Plan, the appropriate charges will be assessed to your account and you will be responsible for payment.
FOR OFFICE USE ONLY

Date request received by Student Development ____________________________

Request sent to: Committee ☐

Comments by person(s) reviewing request:

Approved ☐

Denied ☐

______________________________________________             _____________________
Signature of reviewer Date

______________________________________________              __________________________
Signature of reviewer Date

______________________________________________              __________________________
Signature of reviewer Date

______________________________________________               __________________________
Signature of reviewer Date

Email sent to student: Date____________________ By ________________________________