Westminster College Meal Plan Exemption Request

Westminster College is a residential liberal arts college and is committed to an educational mission that supports learning in and out of the classroom. Our Dining Meal Plan provides opportunities for this diversified learning and promotes academic success. Students are required to purchase a meal plan in all areas of campus housing except for returning students residing at Westminster on the Draw.

Those seeking an exemption must meet one of the following criteria:

1. **Medical Condition(s)** – Student has extreme medical condition(s) that cannot be accommodated for by dining services.
   
   **Required Documents:**
   
   1) A printed off 3-day menu from Bon Appétit’s website, https://westminster.cafebonappetit.com/, highlighting what the student can eat.
   2) Signed and filled out Health Care Provider’s Form (attached below). Health care provider must be a MD, DO, NP or ND (chiropractors or herbalists recommendations are not accepted).

2. **Religious Dietary Observations** – Student has religious observation(s) that cannot be accommodated for by dining services.
   
   **Required Documents:**
   
   1) A printed off 3-day menu from Bon Appétit’s website, https://westminster.cafebonappetit.com/, highlighting what the student can eat.
   2) Signed and filled out Religious Leader’s Form (attached below)

No decisions will be made if we do not have a completed request with all required documentation.

**Please note:**

- Financial reasons, vegan/vegetarian/gluten free diet, work/class/practice schedules, access to a kitchen, or personal food preferences will NOT be considered for exemptions.
- Statements from licensed health care providers do not guarantee a meal plan exemption.
- You are required to pay for your meal plan until your exemption request is approved.
- It is recommended that you purchase your meal plan. If your request is approved, your account will be pro-rated based on the date the meal plan was last used.
- Because medical conditions can change, students must reapply for a medical exemption each year to be considered exempt from the meal plan.
- If your meal plan exemption is approved and you subsequently purchase a meal plan, you forfeit consideration of future meal plan exemptions for that academic year.
- Post-deadline requests will not be considered until the following semester unless a medical condition arises in the interim. Deadline for meal plan exemption requests are the add/drop deadline for each semester.
Westminster College Meal Plan Exemption Request

Last ________________________________________________________________________ First ________________________________________________________________________ Middle Initial ________________________________________________________________________

Permanent Home Address ________________________________________________________________________ Phone Number ________________________________________________________________________

City ________________________________________________________________________ State ________________________________________________________________________ Zip ________________________________________________________________________

Student ID # ________________________________________________________________________ Date of Birth ________________________________________________________________________ Email ________________________________________________________________________

I am requesting to be exempt from the residential meal plan requirement for the following reason(s):
☐ Medical Condition(s)
☐ Religious Dietary Observations

Desired Term/Year to be Exempt:
☐ Fall: Form Submission Deadline – August 28th, 2019
☐ Spring: Form Submission Deadline – January 22nd, 2020

Signature & Certification

By signature below, I acknowledge that the information provided above is correct and true. If any information on this form or any information submitted is falsified, my exemption request is a violation of the Student Code of Conduct.

I acknowledge that I understand the request for this exemption is not permission to abstain from purchasing a meal plan. I must receive an answer back on this form before that permission is granted.

Signature of Student: ___________________________________________ Date:____________________

Meal Plan Exemption Request Process

1. Meal Plan Exemption Request paperwork and documentation are submitted to the Office of Residence Life by the student seeking the meal plan exemption.
2. Once per semester, the information submitted is reviewed by the Meal Plan Exemption Committee, consisting of the Coordinator of Residence Life, Director of Dining Services, and Student Health Services or the Director of Spiritual Life.
3. The Meal Plan Exemption Committee determines whether a request will be approved or denied. If approved, meal plan refunds are prorated based on the last day the meal plan is used.
4. Student will be notified of decision through their Westminster email address within two weeks from the start of the semester. Some requests may be reviewed sooner than that.
5. If student is denied, they will have 5 business days to appeal to the Office of Residence Life with new/additional information. This information will be reviewed by the Dean of Students and Director of Residence Life. This decision is the FINAL decision.
6. Student will be notified of the final decision after appeal information has been submitted.
Medical Condition: Health Care Provider’s Form

Student’s Name_________________________________ DOB_____________________

1. Does this student have a medical condition requiring a specific diet? ______ Yes ______ No
2. If yes, please state student’s diagnosis:

3. Severity of the condition: _______ Mild _______ Moderate _______ Severe
4. Current medications (if applicable):

5. Please provide a specific dietary guideline including all foods that must be avoided:

6. Please describe the type, severity, and frequency of symptoms related to the diagnosis, as well as how the condition restricts the student’s ability to eat in a dining hall:

Medical Professional’s Contact Information - Health care provider must be a MD, DO, NP or ND

Medical provider’s name (print):_____________________
Signature:_________________________________________
Specialty: __________________________ State license number: __________________________
Office Address: ____________________________________ Phone: _______________________
_________________________________ Date: ____________________
Religious Observation: Religious Leader’s Form

Student’s Name_________________________________  DOB________________________

1. Does this student practice a religion requiring a specific diet? ______ Yes ______ No

2. If yes, please state this student’s religion:__________________________________________

3. Is this student currently a member of your church, parish, synagogue, etc.? _____ Yes _____ No

4. Please describe the religious based dietary needs, practices, or requirements of the student:

5. When living in a residence hall, how will this student prepare food to meet their religious and dietary needs (keeping in mind that all kitchens and most cooking equipment to which a student would have access is shared)?

Religious Leader’s Contact Information (must be impartial individual)

Religious Leader’s name and title (print):_____________________________________________

Signature: __________________________

Religious Organization/Affiliation______________________________________________

Address: ____________________________  Date: ____________________

_________________________________  Phone: ____________________

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