|  |
| --- |
| **Office of Accessibility Services**1000 Morris Avenue Kean Wellness Center Downs Hall Room 122Email: accessibilityservices@kean.edu**Meal Plan Exemption Request****Medical** **Student Information:** Name (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kean ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kean Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Status: Incoming First-Year Student Transfer Student Returning Student Exemption Request is for: Fall: Spring: Academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I am requesting:** ❑ **Meal Plan reduction** ❑ **No Meal Plan**  **I have met with on campus Gourmet Dining Services to review my request: Yes**  No  Name of person you met with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**REASON FOR EXEMPTION REQUEST** ❑ **MEDICAL (Please provide the documentation listed below with your request)**1. Documentation from your healthcare provider via the Disability Verification Form for Medical Providers
2. Supporting medical documentation in the form of reports and evaluations

 **IMPORTANT INFORMATION:** 1. Submission of this form does not guarantee the specific exemption requested will be granted. You will be informed of the decision in writing. 2. You are responsible for full payment of your current meal plan, unless you are notified in writing that an exemption has been approved. 3. Work/Internship Exemptions:Approvals are for one semester only. Residents must apply each semester.4**.** Religious Exemptions:Approvals are for the entire student enrollment period. 5. **Applications are due by July 1st (Fall), December 1st (Spring), and April 1st (Summer).** |