



Meal Plan Exemption Request Form
(Non medical request)

Student Info:

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 (select one):

RELIGIOUS

a. Documentation from your Clergy person supporting your request and **specifying groups of food you can and cannot eat and any special preparations.**

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).**

Housing Accommodation Committee use only: Approved Not Approved **Date:** _____