



To request an exemption from the meal plan, please complete Section 1 below and have your medical provider or religious leader complete Section 2 before returning this form and all supporting documents to Health Services on your respective campus. Once received and reviewed by Health Services, recommendation(s) will be forwarded to the Dean of Students on your respective campus for a final decision.

Name (print):	ID Number:
Mailing Address:	Date:
Email Address:	

[illegible]

Signature:	Date:
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The **information** contained in this document is subject to change with or without notice. Thank you, UVI Health Services



Student Meal Plan Exemption Request Form

Certification for Meal Plan Exemption

SECTION 2 MEDICAL PROVIDER OR RELIGIOUS LEADER:

Name of Student:

Dear ☐ Medical Provider ☐ Religious Leader, The University of the Virgin Islands requires all students living on campus in residential housing to have a mandatory meal plan to attend the University. The individual named above is seeking an exemption from this policy due to ☐ medical or ☐ religious contraindications. Please complete this form to assist the University of the Virgin Islands in the reasonable accommodation process.

The person named above should not be required to obtain a meal plan due to:

This exemption should be:

☐ Temporary, expiring on: __/__/__,

or when

☐ Permanent, date permanent disability began: _____

I certify the above information to be true and accurate, and request exemption from vaccinations for the above-named student.

Medical Provider Name (print):	Date:
Religious Leader Name (print):	Date:
Medical Provider or Religious Leader Signature:	Date:
Facility Name & Address	Provider/Leader Phone:
Contact Email Address:	

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Student Meal Plan Exemption Request Form

For the Director of Health Services & Dean of Student Affairs **USE ONLY:**

Completed by Director of Health Services:

Date of initial request: __/__/__ Date certification received: __/__/__

Accommodation request: ☐ Approved __/__/__ or ☐ Denied __/__/__

Describe specific accommodation details or reason for denial below:

Director of Health Services Certifying Signature

Date

Completed by Dean of Students:

Accommodation request: ☐ Approved __/__/__ or ☐ Denied __/__/__

Describe reason for denial, if any:

Dean of Students Certifying Signature

Date

Please add any additional comments in the text box below:

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