



# Student Meal Plan Exemption Request Form

## Process for Meal Plan Exemption Request:

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.

### SECTION 1 STUDENT:

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

I am requesting a meal plan exemption from the University of the Virgin Islands' (UVI) mandatory meal plan policy. Please explain further and specify why you are requesting exemption and provide an action plan to sustain daily nourishment requirements from:

I verify that the information I am submitting to substantiate my request for exemption from the University of the Virgin Islands' mandatory meal plan policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including dismissal. I further understand that the University of the Virgin Islands is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others within the UVI community or would create an undue hardship for the University. I further understand that after receiving this completed request, the University may request additional information, documentation, or independent verification, if necessary.

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*



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## 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:	



# 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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