



## MEAL PLAN EXCEPTION APPLICATION

All Lake Superior State University students in University Housing are required to have a residential dining meal plan. Only certain exceptions are granted. To be considered for an exception you must meet one of the following criteria. Please check the appropriate box and sign the bottom of the form. Please note that supporting documentation must be provided.

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

I am requesting a meal plan exception for  Fall  Spring 20\_\_\_\_\_

Reason requesting exception (*check all that apply*)

Summary of reason(s) requesting meal plan exception. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are applying for a medical exception.** Submit an appropriate physician's documentation. Please include contact information for your medical provider as they may be contacted for verification purposes. \*

**You are applying for a religious exception.** Submit supporting documentation.

**You are applying for a financial exception.** Submit supporting documentation.

*\*Please note that prior to being considered for a meal plan exception, you must meet with the General Manager and the Head Chef of Lake Superior State University Dining Services. Email confirmation must be sent to the Director of University Housing of the meeting.*

By signing below, I assert that all of the above information is true.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Approved  Denied

\_\_\_\_\_  
Signature of Director of University Housing

\_\_\_\_\_  
Date

OFFICE USE ONLY (Date Received \_\_\_\_\_)

(HS Grad Date \_\_\_\_\_)

(Current Assignment \_\_\_\_\_)

(W Stat \_\_\_\_\_)