



# SAINT LOUIS UNIVERSITY



## Apartment/Commuter Meal Plan Exemption Request Form

Name (Last, First, Middle)	SLU Banner ID #										Request Date (month/day/year)	

To Be Completed by Student Making the Request

Change/ Exemption Request Period:  Fall Semester  Spring Semester  Academic Year

Year in School (Check One):  Freshman  Sophomore  Junior  Senior  Graduate

Current Meal Plan:  Flex 300  Flex 300 Plus 5 Flex 600

Best Contact Information Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SLU Email: \_\_\_\_\_@slu.edu

- Exemption Request Based On (check one):
- Financial Hardship<sup>1</sup>
  - Off-Campus Internship/Student Teaching<sup>2</sup> (Must be submitted each semester of the Internship or Student Teaching)
  - Veteran/Non-Traditional Student
  - Other<sup>3</sup> (such as religious dietary observations, food allergies, medical conditions)

Reason for Change/Exemption Request in Detail:

\_\_\_\_\_

\_\_\_\_\_

**For exemption based on off-campus internship/student teaching, please complete the below section before submitting:**

DEPARTMENT APPROVAL: I verify the student making the above request meets the exception guidelines for the requested exemption.

\_\_\_\_\_  
Signature of Verifying Authority

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

<sup>1</sup> In order for the student to be exempt from the plan, the student must have an EFC (Expected Family Contribution) of \$500 or less. This will be verified with Student Financial Services.

<sup>2</sup> Off campus student teaching, internship, clinical or cooperative that prohibits the student from coming on campus: these students must be enrolled in such experience for the entire semester. These students do not reside in the SLU housing nor do they take additional classes on campus during the student teaching or internship period. Absence should be for the entire semester. In order for this student to be exempt, the student must submit this signed exemption request by the Dean of the relevant program.

<sup>3</sup> Attach physician documentation of allergy diagnosis, medical condition, surgical related modifications required, or gastrointestinal diagnosis and modifications.

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

\_\_\_\_\_  
Date

Please fax or email to Attn: Meal Plan Changes at 314-977-1419 or mealplans@slu.edu with the appropriate documentation, no later than three weeks after the start of the relevant semester. Forms received after the deadline will not be considered. A new exemption form must be submitted each semester or when there are changes to the student's financial or internship/coop status. For dietary related exemption requests, email this form to nutrition@slu.edu.

Office Use Only

Date Received: ____/____/____	Approved	Not Approved	Approval Signature: _____
Effective Date: ____/____/____	Documentation Attached: Y	N	
Notification Sent To Student's SLU Email Account?	Y	N	Date Email Sent: ____/____/____