# Commuter/Apartment Meal Plan Exemption Request Form

To Be Completed by Student Making the Request

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>SLU Banner ID #</th>
<th>Request Date (month/day/year)</th>
</tr>
</thead>
</table>

Exemption Request Period (Check One):  
- Fall 2015  
- Spring 2016  
- Academic Year 2015-2016

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

Current Meal Plan:  
- Express Flex  
- Ultimate Flex

Best Contact Information Number: (______) ________-_______  
SLU Email: ______________________________@slu.edu

Exemption Request Based On (check one):  
- Financial Hardship
- Off-Campus Internship/Student Teaching
- Veteran/Non-Traditional Student

Reason for Exemption Request in Detail:

___________________________________________________________________________________
___________________________________________________________________________________

For exemption based on off-campus internship/student teaching, please complete the below session 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

---

1 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.

2 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.

Student Signature  
Date

---

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: ____/_____/_____