## SAINT LOUIS UNIVERSITY

### Meal Plan Exemption Request Form

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

### To Be Completed by Student Making the Request

**Exemption Request Period (Check One):**
- [ ] Fall 2014
- [ ] Spring 2015
- [ ] Academic Year 2014-2015

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

**Current Hall:** ____________

**Current Meal Plan:**
- [ ] Traditional
- [ ] Spirit
- [ ] Saints
- [ ] SLU Blue

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

**Exemption Request Based On (check one):**
- [ ] Medical Condition: ____________________________
- [ ] Food Allergy (ies): ____________________________
- [ ] Religious Dietary Observance – Religious Affiliation: ____________________________
- [ ] Surgical (state the surgery): ____________________________
- [ ] Gastrointestinal (state the GI disease or illness): ____________________________

**Epi-Pen**
- [ ] Yes
- [ ] No

**Reason for Exemption Request in Detail:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Considering dietary needs, why meal plans offered will not satisfy dietary requirements:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Attach physician documentation of allergy diagnosis, surgical related modifications required, or gastrointestinal diagnosis and modifications.*

**Student Signature**

__________________________  
**Date**

<table>
<thead>
<tr>
<th>Date Received: <em><strong><strong>/</strong></strong></em>/_______</th>
<th>Approved</th>
<th>Not Approved</th>
<th>Approval Signature: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date: <em><strong><strong>/</strong></strong></em>/_______</td>
<td>Documentation Attached: Y N</td>
<td>[ ]</td>
<td>____________________________</td>
</tr>
<tr>
<td>Notification Sent To Student’s SLU Email Account?</td>
<td>Y N</td>
<td>Date Email Sent: <em><strong><strong>/</strong></strong></em>/_______</td>
<td></td>
</tr>
</tbody>
</table>