



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 2018 Spring 2019 Academic Year 2018-2019

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

Current Meal Plan: Flex 300 Flex 300 Plus

Best Contact Information Number: (____) _____ - _____ SLU Email: _____@slu.edu

- Exemption Request Based On (check one):
- Financial Hardship¹
 - Off-Campus Internship/Student Teaching² (Must be submitted each semester of the Internship or Student Teaching)
 - Veteran/Non-Traditional Student
 - Other³ (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

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.

³ 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: Cards & Parking Services at 314-977-3429 or cardservices@slu.edu

(For dietary-related exemption request, please 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: ____/____/____