Office of Student Life
300 East College Avenue
Eureka, Illinois 61530-1500
309.467.6419 Office
309.467.6349 Fax

Meal Plan Exemption Request Form

Overview & Instructions:
Eureka College recognizes that students may have medical conditions, severe dietary restrictions, or religious obligations that cannot be accommodated by campus dining services. Exemption requests are evaluated on an individualized, case-by-case basis through collaboration between the Office of Student Life, Dining Services, and (where applicable) Learning Services/Disability Resources.

1. **Section 1 (Student Information & Authorization):** Basic student information, reason for exemption request, written student statement of explanation (submit all supporting documentation), and student authorization.

2. **Section 2 (if requesting for medical/disability reasons):** This section must be completed and signed by a licensed healthcare provider (e.g., MD, DO, APRN, PA, or licensed dietitian).

3. **Section 3 (Internal Institutional Review):** Administrative section for the Office of Student Life to review and make decision status.

SECTION 1: STUDENT INFORMATION & REQUEST

Full Name: _____ **Student ID Number:** _____

Campus Email: _____ **Phone Number:** _____

Residence Hall / Room #: _____ **Academic Term:** [ ] Fall [ ] Spring [ ] Full Year

Reason for Exemption Request (Check all that apply):

[ ] Medical / Severe Food Allergy / Dietary Restriction: A diagnosed condition where campus dining facilities cannot safely accommodate the student's dietary needs.

[ ] Religious / Cultural Dietary Requirements: Mandatory religious dietary observances that cannot be fulfilled by campus dining options.

Student Statement of Explanation:

Please explain and provide your specific request in writing and describe any prior discussions or attempts to work with Dining Services to modify your meal plan. You will need to provide any relevant supporting documentation.

Student Authorization & Acknowledgment:
By signing below, I certify that the information provided on this form is accurate. I authorize Eureka College staff to verify the details provided in this request with my licensed healthcare provider or religious leader if additional clarification is necessary.

Student Signature: _____

Date: _____

SECTION 2: HEALTHCARE PROVIDER CERTIFICATION

Note to Provider: Eureka College Dining Services makes extensive accommodations for students with specific dietary needs, including food allergies, celiac disease, and specialized medical diets. Exemption from mandatory meal plans is granted primarily when dining services cannot safely provide adequate nutrition.

Provider Name: _____

Credentials / Specialty: _____

Practice Name / Clinic: _____

Phone Number: _____

Email Address: _____

SECTION 3: INSTITUTIONAL REVIEW & ACTION (Internal Use Only)

Date Form Received: _____ Reviewed By: _____ Title: _____

Determination:

[ ] APPROVED — Full Exemption Granted. Meal plan charges removed.
[ ] APPROVED — Partial Exemption / Modified Plan Granted. Details: _____
[ ] DENIED — Dining Services can accommodate. Accommodation plan created on: _____

Authorized Signature: _____ Date: _____