

Birmingham-Southern College Meal Plan Waiver Request Form

VALID FOR ONE TERM ONLY

Campus Card #:

Full Name:

BSC Email:

* You will be notified via email when a decision has been made.

INSTRUCTIONS:

Complete this form and return along with required written documentation as outlined below. **FORMS WILL NOT BE PROCESSED WITHOUT DOCUMENTATION.**

DEADLINE:

Please submit your request prior to the term as you will be billed for a meal plan while your request is being reviewed. Requests will be accepted up until the second Friday of the term. If your request is approved your bill will be adjusted for any unused meal plan money. Any issues arising mid term will be addressed on an individual basis.

RETURN TO:

Student Accounts Office Box 549040 or deliver to the Cashier's Window in Student Services. Contact Deda Bradley 226-7871 or fbradley@bsc.edu

Please choose one of the following:

- () **MEDICAL:** A detailed diet prescribed by a physician must be attached to this form. An Aramark dietician will review the diet. If the dietician is unable to accommodate the prescribed diet, a full or partial waiver will be granted.

Date

ARAMARK Signature

\$
Amount of Approved Waiver

Date

VP of Business Signature

- () **WORK:** A letter (on company letterhead) stating your work schedule must be attached to this form. Students unable to eat seven meals per week on campus will be considered for a full or partial waiver.

- () **FINANCIAL:** A detailed letter explaining financial reasons for requesting a meal waiver must be attached to this form.

- () **OTHER** A detailed letter of explanation must be attached to this form.

Date

Office Signature

\$
Approved/Denied

I have read the conditions of the Meal Plan Waiver Request Form and have attached required documentation. I realize that I must reapply for a meal plan waiver each term.

Student Signature

Date