

Birmingham-Southern College Partial Meal Plan Waiver Request

Valid for One Academic Year

Submission Deadlines: Summer - May 31st Fall - July 31st Spring - December 31st

Last Name

First Name

Student ID#

BSC Email Address

Cell Phone

Date

Instructions

Step 1 Select the type of waiver by typing or writing "X" in the appropriate box.

Step 2 Submit this form along with required documentation to studentaccounts@bsc.edu or mail to BSC, Box 549040, Birmingham, AL 35254.

Type of Waiver Requested

Mandatory Requirements

Medical

This option requires a letter from your physician containing the following information:

1. A current statement of the diagnosis and date of onset.
2. A detailed alternative plan (diet) recommended and how the student will eat throughout the year.
3. An estimate of the length of time that this treatment is necessary.
4. Specific dietary restrictions.

Religious

This option requires a letter from your religious leader stating your specific dietary requirements.

Waiver Request forms will not be accepted after the deadline or without proper documentation. Your request will be reviewed and a decision will be emailed to you within two weeks.

For Office Use Only

Approved waiver amount \$ _____
(Amount to be credited)

Request Denied

Reason Denied:

Date

Reviewer's Signature