MEAL PLAN MODIFICATION AND/OR EXEMPTION REQUEST

**** All responses will be sent to student CBU LancerMail accounts ****

Name: _____ **Student ID:** _____

LancerMail: _____ **@calbaptist.edu** **Phone:** _____

Building: _____ **Room/Apt:** _____ **Semester/Year:** _____ **(Requests must be made each semester)**

All exemption requests must include a copy of your a current CBU class schedule
and any supporting documentation as indicated below. Schedules are available on "InsideCBU".

Check the following that apply:

❑ **Work Conflict**

Include an ***official, signed*** letter from your employer (written on company letterhead) that gives your ***specific*** work schedule with the ***exact*** days and hours you are scheduled. To verify current employment, the work schedule submitted must show dates no earlier than three weeks prior to the start of each semester.

Supervisor's Name (printed please):_____ Supervisor's Phone: _____

❑ **Dietary Needs**

Include an ***official, signed*** letter from your physician (written on letterhead). This letter ***must*** indicate specific dietary requirements, food tolerances, allergies, etc.

❑ I was approved for a meal plan exemption/modification for the previous semester and would like to use the medical documentation I provided for that request.

Please use space provided below to explain your meal plan modification needs or why you believe you are unable to participate in the meal plan. Attach additional pages if necessary:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

For Office Use Only

❑ Approved ❑ Denied ❑ Reduced to _____

Staff Signature: _____ Date: _____

Comments: _____

_____