

Meal Plan Exemption Application



Sections:

Student Form
Medical Practitioner Form
Medical Documentation Cover Sheet

Submit application to:
Ave Maria University
Office of Student Affairs
1025 Commons Circle
Naples FL 34119

Applications must be received before August 1st for consideration of a fall semester exemption or November 1st for a Spring Semester exemption



Ave Maria University Meal Plan Exemption Application

Date of Application: _____

Name: First: _____ Last: _____

Home Address:

Home Phone: () _____ Cell Phone: () _____

Give a brief explanation of food related issues that would cause you to seek an exemption from the meal plan:

For Office Use Only:

Date Application Received: _____

Date Reviewed by Office of Student Life: _____

Comments: _____

___Approved

___Denied



Due to the nature of our food service program at Ave Maria University we are not able to make the meal plan an optional element for our on-campus residents. We make every, reasonable attempt, to provide a variety of options on a daily basis that will give students different options that may suit their dietary needs or preferences. However, we do recognize that there may be medical conditions that require a special diet that cannot be reasonably accommodated by our Food Service Company. In these rare cases, exemptions will be considered on the basis of medical need.

In order to be considered for a medical exemption from the meal plan, please follow the instructions below.

Send Meal Plan Exemption Application to:
Ave Maria University
Office of Student Life
5050 University Blvd.
Ave Maria FL 34142
Fax: 239 280 2543

Materials will be reviewed by the Office of Student Life.

Due Dates:

All documentation must be received prior to the dates listed below; no mid-semester exemptions will be approved.

- Complete application must be received by August 1st for the Fall semester, with approval by August 30th
- Complete application must be received by November 1st for the Spring semester, with approval by December 1st.

Reapplication for the exemption is necessary on a yearly basis every summer, unless otherwise approved.

Meal Plan Application includes:

- Student Form giving contact information and brief explanation of food related issues.
- Medical Practitioner Form filled out and signed by a licensed medical practitioner describing the medical condition that would preclude the student from being able to eat the food offered from our dining services.
- Medical Documentation Cover Sheet to which medical documentation and test results would be attached that verifies medical condition.



Ave Maria University
Meal Plan Exemption Application
Medical Practitioner

Dear Doctor,

Ave Maria University offers our students a well-balanced meal plan with a variety of food options to our students at each meal. These options include main meal selections, low fat and vegetarian, fruit and salad bar, deli bar, pizza, soul, grill selection, cereal...etc We also provide specialized alternatives for those students with food intolerances or allergies. By making appropriate and wise choices at each meal, based on their personal needs, students are able to maintain a balanced and healthy diet. We understand that there may be individual medical conditions that could inhibit someone from being able to participate in the meal programs we offer. This is where we need your help in determining if this student should be exempted from the meal plan. Based on your medical diagnosis, please complete the following information using medical documentation and test results that support the student's claim for an exemption. Thank you in advance for your assistance. If you need additional information regarding our meal plan, please contact the Office of Student Life at (239) 280-2542

Name of Student: _____

Physician's Name: _____

Contact Information:

Office Phone #: _____ Office Fax #: _____

Based on your ongoing evaluation of this patient, please give a detailed explanation of this student's medical condition that will help us to understand, from a medical perspective, why he/she should be exempted from the University meal plan. Please include a list of foods that they must not eat.

Physician's Signature: _____ Date: _____

Official Doctor Stamp:

