

Return form to:

WT WEST TEXAS A&M UNIVERSITY
Office of Residential Living
 WTAMU Box 60878
 Canyon, Texas 79016
 t 806 651 3000 e housing@wtamu.edu

UNIVERSITY MEAL PLAN REQUIREMENT EXEMPTION REQUEST

For Office Use Only: Approved _____ Denied _____

Resident for Selected Term Date _____ Initials _____ Code _____

Comments _____

Entered in Log _____

NOTE: Exemption approvals are only applicable for one (1) Academic Year (fall/spring). The student must re-apply by the deadline each fall semester if still under the meal plan requirement.

Exceptions to the meal plan requirement will be made for students who provide the indicated documentation along with this form and are found eligible. To be considered for this exemption, the student must complete and submit the required documentation to the Office of Residential Living **no later than the last class day of the first week of classes, each semester**. After this deadline, **no** exemptions will be approved. **Incomplete requests lacking all of the required documentation and/or information will not be reviewed.** For more details on the housing and meal plan requirements, visit: wtamu.edu/housing-requirement.

Please Print or Type: Semester / Year that I am applying for: Fall 20____ / Spring 20____
Required: Completed Meal Plan Agreement for desired meal type (form located on back)

Student Name: _____ Buff ID: _____

WT Email*: _____ Cell Phone: _____

*Response to requests will be made to **WT Student Email Address**.

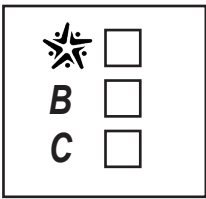
I acknowledge that submission of this form **DOES NOT** guarantee approval of my request. I understand that this is a sworn statement to the State of Texas and affirm that all the information herein and attached is correct and factual to the best of my knowledge. I also understand that if this exemption request is not granted or is revoked, **I will be responsible for charges to my University account for at least the Silver (160) Meal Plan (the minimum required)**. Any form of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University rules and is punishable through the University's conduct system.

Student Signature _____

Date _____

Check Reason	Exemption Type	Required Documentation To Be Submitted With This Form
	<p>Financial Meals – Student has experienced a significant change in financial resources AND exhausted all of their financial resources.</p> <p><u>Please note:</u> Loans offered through the FAFSA are a form of financial aid and will be considered when determining exemption eligibility.</p> <p>Financial savings is <u>not</u> a valid reason for this exemption type.</p>	<p>1) Student has completed and submitted the Free Application for Federal Student Aid (FAFSA) to the WTAMU Financial Aid Office (<i>please note it can take a few weeks before the University receives the FAFSA information</i>);</p> <p>2) Letter outlining significant financial change, as well as any documentation that may support this exemption request.</p> <p>3) Completed Meal Plan Agreement for desired meal type (Commuter 75 Meal Plan minimum) – form located on back.</p>
	<p>Medical Meals – Student has a documented medical disability that drastically affects the student's ability to eat meals in the University dining hall or food court locations and requires accommodations which the University cannot provide.</p> <p><u>Please note:</u> WTAMU Dining Services does provide meal options for students who are on special diets and have food allergies (including gluten and dairy).</p> <p>We recommend consulting with Dining Services, at (806) 651-2707, prior to submitting this exemption.</p>	<p>The following information should be provided by a physician and attached to this form on official letterhead and be legible, signed, dated, and verifiable:</p> <ul style="list-style-type: none"> • A medical or clinical diagnosis (within 60 days) of the disability by a licensed professional in the appropriate area of specialization, clearly defining the impact of the disability on the student's dietary needs. • Observations or recommendations of accommodations that would assist the Office of Residential Living in serving the student. Recommended accommodations must be directly related to the disability. • Completed Meal Plan Agreement for desired meal type (<i>in most cases, Commuter 75 Meal Plan minimum</i>) – form located on back. • If applicable, a student with a documented disability must be registered with Student Disability Services.
	<p>Work Meals – Student will be unable to eat 11 meals per week or may not be able to eat the number of meals for which they have been contracted for the semester.</p> <p><u>Please note:</u> Due to the changing nature of work schedules, requests of this type will not be accepted until after August 1 (for Fall) and January 1 (for Spring).</p>	<p>1) Letter indicating the name of the organization employed with, work address, work phone, and name of supervisor.</p> <p>2) Most recent work schedule for the entire week (Monday to Sunday); indicate whether or not the schedule changes weekly.</p> <p>3) Copy of the student's class schedule for the semester applying for.</p> <p>4) Completed Meal Plan Agreement for desired meal type (Commuter 75 Meal Plan minimum) – form located on back.</p>

Please note that exemption processing takes a minimum of three (3) weeks, assuming adequate information is submitted.



MEAL PLAN AGREEMENT

The University has a meal plan requirement which requires students residing on campus to purchase a University meal plan during the first two years following their high school graduation.

MEAL PLAN CHANGES: Meal plans may be changed without an exemption through the last class day of the first week of classes, assuming the student qualifies for the selected meal plan.

CANCELLATION OF THE MEAL PLAN: Students may cancel their meal plan through the last class day of the first week of classes if they are withdrawing from the University, not returning for the semester, or they no longer fall under the University meal plan requirement.

PLEASE ENTER THE YEAR BY THE APPLICABLE TERM(S) AND CHECK YOUR DESIRED MEAL PLAN

TERM / YEAR: FALL SEMESTER 20 SPRING SEMESTER 20
TYPE (select one): [] New Meal Plan [] Change from Meal Plan to:

MEAL PLAN REQUIREMENT ELIGIBLE

- 1) Silver Meal Plan (160 meals/semester and \$400 Dining Dollars)
2) Gold Meal Plan (185 meals/semester and \$350 Dining Dollars)
3) Platinum Meal Plan (unlimited meals and \$150 Dining Dollars)

COMMUTER / UPPERCLASSMAN ELIGIBLE*

- 4) Upperclassman 125 (per semester and \$500 Dining Dollars)
5) Commuter 75 (per semester and \$75 Dining Dollars)
6) Commuter 50 (per semester and \$50 Dining Dollars)

[] Requesting NO Meal Plan*

Check if OFF-Campus Meal Plan []

*125 MEAL PLAN, 75 MEAL PLAN, 50 MEAL PLAN, OR NO MEAL PLAN: PLEASE NOTE that those required to purchase a meal plan will be assessed the Silver Meal Plan (160), unless an approved exemption is on file with the Office of Residential Living.

Student's Name (please print legibly)

Buff ID

Student's Signature

Date

OFFICE USE ONLY:

Change Date: Used: Meals Dining \$ Entered: Meals Dining \$
Cancellation Date: Used: Meals Dining \$ Refund: Will Owe: