

## Meal Plan Exemption Request

The College Policy requires all students to living in housing (not including arbor park apartments) to be on a meal plan. This requirement is for a full academic year and is determined by where the residents live (residence halls only).

Campus dining offers a range of options (including vegan, vegetarian, and items that are made without gluten) and will work with individuals on their dining needs. Special meals can be prepared for students upon request. Prior to petitioning students are encouraged to speak with the executive chef and/or the manager of dining services to come up with a plan that may suit your dietary needs. In addition, you can set up a meeting with the Interim Director of Western Oregon University Campus Dining to learn about your options.

### Import information about this process:

- Please note that dining services offers vegan options, vegetarian options, and items that do not contain gluten. Generally, students wanting an exemption for these dietary reasons alone are denied.
- We encourage students to apply for an exemption at least a month before the beginning of the quarter.
- If you apply after a quarter has begun, please note that even if you are granted a full exemption, you will not get a full refund (because we contract with an outside vendor, meal plans pay out funds on a weekly basis whether they are used or not). ☒
- Students may be required to meet with the Interim Director of Campus Dining to determine if specific food needs can be met. ☒
- During the application or appeal process (while you are waiting to hear back from the committee) continue to use your current meal plan. Your meal plan is still considered active and you will be charged the weekly rate whether used or not. ☒
- Refunds will be prorated from the time the application is approved for an exemption. ☒
- All applications will be reviewed and you will be notified of any missing documentation. ☒
- If you submit the application after bills are due, it is recommended that you pay for your meal plan and if you are approved for a reduction/exemption, a refund will be processed provided there is no outstanding balance on your student account.

### Reasons for a reduction/exception from the meal plan

#### 1. Medical or disability based needs which the established meal plan options do not accommodate

If you are requesting an exemption due to a severe medical issue or other disability you will need to provide documentation to verify that your dietary restrictions cannot be accommodated on campus. The Office of Disability Services will need to collect medical information and possibly consult with your health care provider to support a meal plan exemption as a disability accommodation. A letter on letterhead from a medical provider is required stating your medical diagnosis, the current impact or functional limitations, and your specific dietary needs, including a menu if possible Must be submitted to the Office of Disability Services (contact information below.)

WOU Office of Disability Services  
Location: APSC 405  
Hours: Monday - Friday 9am-5pm  
Phone: 503-838-8250  
Video Phone: 503-512-5258  
Email and Google Chat: [ods@wou.edu](mailto:ods@wou.edu)  
Fax: (503-838-8721

## **2. Religion-based restrictions which the established meal plan options do not accommodate**

If you are requesting an exemption for religious reasons, you will need to provide a summary of your religious-based dietary needs and provide a letter supporting your particular needs from your religious leader. If you plan on cooking all your meals in a kitchen on campus, please provide information in your letter about how you plan to have this kitchen provide you with the environment that you need to practice your religion (ie. Kosher/Halal kitchen, etc.)

## **3. Severe Financial Burden, which without some relief, may result in the student having to withdraw from Western Oregon University**

If you are requesting an exemption for severe financial hardship you will need to meet with the financial aid office to review your need and your options for loans, student jobs, etc. After your meeting please provide documentation that includes who you met with and your financial Aid package. In your personal statement please include how you will obtain, pay, and prepare the food that you will be purchasing and how being exempt will reduce your financial hardship.

## **4. Other:**

If you do not fall in any of the above categories and feel you have reason to reduce or be exempt from the meal plan requirement please provide as much information as possible through our application process.

## **Application process for exemption/reduction of meal plan:**

- **☒ Part I: Application – must be completed and signed at the bottom of the page.**
- **☒ Part II: A type written essay that details why you require an exemption/reduction.**
- **☒ Part III: Written documentation supporting your reason for application. If you have questions, please inquire with Campus Dining about which documents would complete your application.**

Once you have completed the application, submit to the Office of Campus Dining (next to Valsetz Dining Hall). The exemption committee reviews all applications and determines your future meal plan status. The committee strives to meet and render decisions on applications in two weeks. After your application has been reviewed, your meal plan status will be e-mailed to your Western Oregon University email within two business days after the committee meeting.

If the Exemption Committee does not approve your initial application, you may appeal the decision by emailing Campus Dining [dining@wou.edu](mailto:dining@wou.edu)

## Part I: Application

Name: \_\_\_\_\_ V#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Meal Plan: \_\_\_\_\_

- Requesting a reduction in meal plan
- Requesting a full exemption of any meal plan

## Part II: Personal Statement (please attach)

Provide a type written statement which details why a reduction/exemption of the meal plan is required. Please provide information on what solutions you have already explored prior to writing this petition (ie. Spoke with the dining services manager, met with the Interim Director of Western Oregon University Campus Dining, met with the financial aid office, consulted with a medical provider, switched to a different meal plan, etc.) It must be clear in your statement how you will provide and prepare your own meals if not on a meal plan. This statement must be provided by the student.

## Part III: Documentation (please attach)

Reason(s) for applying – Check the reason you are applying for a meal plan reduction/exemption. Supply the appropriate documentation. Refer to the cover sheet with information on how to provide documentation and where to send it.

- Medical condition or other disability-related needs that dining services is unable to accommodate (send documentation to disability services)
- Religion based restriction
- Sever financial burden
- Other

**Your signature below indicates that you have read the information sheet and application completely and understand the procedures**

**I understand the following procedures:**

- Students are encouraged to apply for an exemption at least a month before the beginning of the quarter. If you apply after a quarter has begun, please note that even if you are granted a full exemption, you will not get a full refund (because we contract with an outside vendor, meal plans pay out funds on a weekly basis whether they are used or not).
- During the application or appeal process (while you are waiting to hear back from the committee) continue to use your current meal plan. Your meal plan is still considered active and you will be charged the weekly rate whether used or not.
- Refunds will be prorated from the time the application is approved for an exemption.
- All applications will be reviewed and you will be notified of any missing documentation.
- If you submit the application after bills are due, it is recommended that you pay for your meal plan, and if you are approved for a reduction/exemption, a refund will be processed provided there is no outstanding balance on your student account.

**My signature below gives permission to the coordinator of the committee to share documentation with other members of the committee and to other departments on campus such as Financial Aid and Disability Services to assist in your case if necessary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comity Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comity Initials: \_\_\_\_\_ Date: \_\_\_\_\_

