TEXAS A&M UNIVERSITY - CORPUS CHRISTI
MEAL PLAN WAIVER PROCEDURE

All students living on-campus in a residence hall or apartment are required to have a meal plan. Requests for exemptions from meal plans may be made only for medical reasons (e.g. medically prescribed diets which cannot be provided by Texas A&M University-Corpus Christi’s food service provider). Failure to participate in the dining program, class, sports, employment schedules, finances or vegetarian/vegan/organic diets are not viable reasons for exemption from the meal plan requirement. A charge for the meal plan will result until a waiver is obtained.

The University considers requests for meal plan waivers utilizing the criteria outlined below. Waivers are not granted for financial reasons or for reasons of non-essential food preferences, likes or dislikes. Failure to participate in the dining program does not and will not automatically release a student from his/her dining contract. All requests are considered on an individual basis.

Meal plan waivers, if approved, expire at the end of the Spring semester. The student must reapply each academic year.

A student may have medical or dietary requirements that cannot be accommodated by Dining Services. In such cases, the Director of University Services in conjunction with the Dining Director will determine whether or not the specific requirements can be accommodated.

Students requesting a meal plan waiver should submit their request in writing to the Office of University Services. Requests based upon a medical or dietary requirement must be accompanied by written confirmation from a licensed medical provider and, as applicable, a detailed diet prepared by the medical provider or a Registered Dietician. It is expected that students will take the responsibility for making the correct choices of foods that their medical diet may require. The Director of University Services will review the submitted materials in conjunction with the Dining Director to determine whether the requirement(s) can be accommodated.

PROCEDURES

Process for Consideration of Requests for Meal Plan Waivers

All requests for meal plan waivers will be submitted to the Office of University Services for consideration. Requests will be reviewed by the Director of University Services.

- Complete and submit a Request for Meal Plan Waiver Form before the first day of classes.
- Attach required documentation and return to the address shown on the Meal Plan Waiver form.

A Meal Plan Waiver Review Committee (the Committee) has been established and is convened by the Director of University Services. Committee membership is as follows:

- Director of University Services
- One representative appointed by the VP of Student Engagement and Success.
- One student, appointed by the SGA from those students that express interest.
- University Dining Director

Students who wish to appeal waiver decisions made by the Director of University Services may request a review by the Committee. After the first day of classes, all requests to change and/or cancel a meal plan must be submitted to the Committee except for the following reasons: Withdrawal from the University or cancellation of the Housing Agreement.

The Director of University Services may also request that the Committee convene to consider requests for waivers in cases where a full committee review of the request is appropriate and/or desirable. All decisions of the Committee are final.
REQUEST FOR MEAL PLAN WAIVER

Semester: ( ) FALL 20____ ( ) SPRING 20____

STUDENT’S FULL NAME: A#

ADDRESS:

CONTACT PHONE#: EMAIL:

( ) APARTMENT (Silver Plan) ( ) RESIDENT HALL (Gold Plan)

INSTRUCTIONS: Complete this form and return along with written documentation as outlined below.

FORM WILL NOT BE PROCESSED WITHOUT DOCUMENTATION.

DEADLINE: Please submit your request prior to the first day of class. Meal plans will be billed to your SAIL account while the request is being reviewed. Requests received after the deadline date will automatically require review by the Meal Plan Waiver Review Committee (except for University withdrawal or housing contract cancellation). If the request is approved, bills will be adjusted for the remaining portion of the meal plan. Any issues arising mid-term will be addressed on an individual basis.

RETURN TO: University Services; 6300 Ocean Drive, Unit 5734; Corpus Christi, TX 78412-5734

Please choose one of the following:

( ) MEDICAL: Provide the basis for your medical exemption request and attach all documentation that supports your request. All medical conditions must be certified by a licensed medical provider and/or Registered Dietician.

( ) OTHER: Provide a detailed letter of explanation and documentation for your request.

I have read the conditions of the Meal Plan Waiver Request Form on Page 2 below and have attached the required documentation.

Student’s Signature: ______________________________ Date: __________________

FOR OFFICE USE ONLY
( ) Approved ( ) Not Approved

Reviewed By: _______________________
Student Notified by Mail: _________________