

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI  
MEAL PLAN WAIVER REQUEST FORM**

NAME:	STUDENT ID#:	
ADDRESS:	CITY:	STATE: ZIP:
TODAY'S DATE:	PHONE:	EMAIL:
ROOM TYPE: ( ) APARTMENT	( ) STANDARD	

**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 as soon as possible as you will be billed for meal plan use while your request is being reviewed. There will be no changes allowed after the 12th class day except for University withdrawal or housing cancellation. If your request is approved, your bill will be adjusted for the remaining portion of the meal plan.

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

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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 and have attached the required documentation.

Student Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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