Student Meal Plan Exemption Request Form

Process for Meal Plan Exemption Request:

To request an exemption from the meal plan, please complete Section 1 below and have your medical provider or religious leader complete Section 2 before returning this form and all supporting documents to Health Services on your respective campus. Once received and reviewed by Health Services, recommendation(s) will be forwarded to the Dean of Students on your respective campus for a final decision.

SECTION 1 STUDENT:

Name (print):	ID Number:
Mailing Address:	Date:
Email Address:	

I am requesting a meal plan exemption from the University of the Virgin Islands' (UVI) mandatory meal plan policy. Please explain further and specify why you are requesting exemption and provide an action plan to sustain daily nourishment requirements from:

I verify that the information I am submitting to substantiate my request for exemption from the University of the Virgin Islands' mandatory meal plan policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including dismissal. I further understand that the University of the Virgin Islands is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others within the UVI community or would create an undue hardship for the University. I further understand that after receiving this completed request, the University may request additional information, documentation, or independent verification, if necessary.

Signature:	Date:

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Certification for Meal Plan Exemption

SECTION 2 MEDICAL PROVIDER OR RELIGIOUS LEADER:

Name of Student: _____

Dear ☐Medical Provider ☐ Religious Leader, The University of the Virgin Islands requires all students living on campus in residential housing to have a mandatory meal plan to attend the University. The individual named above is seeking an exemption from this policy due to ☐ medical or ☐ religious contraindications. Please complete this form to assist the University of the Virgin Islands in the reasonable accommodation process.

The person named above should not be required to obtain a meal plan due to:

This exemption should be:
☐ Temporary, expiring on: __/__/____,
or when
☐ Permanent, date permanent disability began: _____

I certify the above information to be true and accurate, and request exemption from vaccinations for the above-named student.

Medical Provider Name (print):	Date:
Religious Leader Name (print):	Date:
Medical Provider or Religious Leader Signature:	Date:
Facility Name & Address	Provider/Leader Phone:
Contact Email Address:	

*The **information** contained **in this document is subject to change** with or without notice. Thank you, UVI Health Services*

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For the Director of Health Services & Dean of Student Affairs **USE ONLY:**

Completed by Director of Health Services:

Date of initial request: __/__/____ Date certification received: __/__/____
Accommodation request: ☐Approved ___/___/____ or ☐Denied ___/___/____

Describe specific accommodation details or reason for denial below:

_____ _____
Director of Health Services Certifying Signature Date

Completed by Dean of Students:

Accommodation request: ☐Approved ___/___/____ or ☐Denied ___/___/____

Describe reason for denial, if any:

_____ _____
Dean of Students Certifying Signature Date

Please add any additional comments in the text box below:

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