

WESTERN KENTUCKY UNIVERSITY  
HOUSING, RESIDENCE LIFE, & DINING  
MEAL PLAN EXEMPTION REQUEST 2017-2018

*Western Kentucky University requires all first year (less than two regular session semesters) students living on-campus under the age of 21 to participate in one of the on-campus meal plans. All other full-time (12 hours or more) undergraduate students living on-campus or off-campus are automatically enrolled in the \$75 Meal Plan Dollar Flex (MPD Flex) plan and may upgrade to another plan to satisfy their dining needs. Note, unused MPD Flex balances will roll over from fall to spring.*  
(<https://www.wku.edu/wkurg/general.php>)

Exemptions from the required participation are considered individually and are based on the reasons for appeal below. Exemptions for reasons such as work related issues, access to a kitchen, student's personal food preferences, financial constraints, etc. will not be accepted. Please note that no adjustments of meal plan charges will be made to a student who has been suspended, dismissed, or expelled due to student conduct involvement.

Please submit this meal plan exemption request and supporting documentation to: Daniel Rosner, Assistant Director for Student Behavior and Conduct, at [dining.exemptions@wku.edu](mailto:dining.exemptions@wku.edu) or in person at the Housing & Residence Life Central Office located in Southwest Hall. Exemption request outcomes will be made via email to the student's WKU email address.

NAME (print): \_\_\_\_\_ WKU ID#: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_ EXEMPTION REQUEST SEMESTER: FALL \_\_\_\_\_ SPRING \_\_\_\_\_

WKU EMAIL: \_\_\_\_\_ @topper.wku.edu PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMMUTING MAILING ADDRESS (if different than home address): \_\_\_\_\_  
\_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ PARKING PERMIT ZONE: \_\_\_\_\_  
\_\_\_\_\_

**I AM REQUESTING EXEMPTION FROM WESTERN KENTUCKY UNIVERSITY'S  
REQUIRED MEAL PLAN PARTICIPATION. THE REASON FOR MY APPEAL IS:**

\_\_\_\_\_ **Medical Accommodation\***: Students with Special Dietary needs may request accommodation. Please attach a letter fully describing your dietary circumstances and documentation by a licensed medical physician. *An Advisor's signature is NOT required on a Medical Exemption request.* All requests citing a medical need related to the Americans with Disabilities Act *must* also register with the Student Accessibility Resource Center at 270.745.5004 ([https://www.wku.edu/sarc/registration\\_process.php](https://www.wku.edu/sarc/registration_process.php)).

\_\_\_\_\_ **Religious Exemption\***: Please attach explanation of restrictions that cannot be met by Aramark Dining. Please include a written explanation from your religious counsel/leader.

\_\_\_\_\_ **Required to Be Away From Campus** (i.e. Study Abroad, Internships, Student Teaching): Students must be in courses not convening on Western Kentucky University's primary campus locations. Students must obtain a signature from the appropriate faculty advisor and attach a copy of their semester Student Detail Schedule showing enrollment in the respective courses. Note that this exemption shall not be available to students who have at least one class on a primary campus location in the requested exemption semester.

\_\_\_\_\_ **Special Circumstances:** Requests for exemption in special circumstances defined as "unique and unusual" will be considered. Please attach additional documentation to fully explain your exemption request.

*\*Exemption requests based on Medical Accommodations or Religious Exemptions will be determined by the ability for Dining Services to meet the required accommodation.*

I certify that all of the information contained on this form and in all supporting documentation is true and accurate. I have provided all documents to support my request and I hereby apply for an exemption. I understand that providing the University with false information will result in immediate denial and could lead to disciplinary actions such as restitution, probation, suspension from the University and/or other actions.

I further understand that I will be charged the required meal plan rate unless an exemption is granted. A written appeal may be submitted to the Housing and Dining Appeals Committee which meets on a monthly basis. **THE DECISION OF THE COMMITTEE WILL BE FINAL.** Final appeals for denials may be made to: Daniel Rosner, Assistant Director for Student Behavior and Conduct, at [housing.exemptions@wku.edu](mailto:housing.exemptions@wku.edu).

*A signed application shall act as a student's release of information and consent to review academic, financial aid, registration, medical documentation and other records of information that are related to the appeal.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail to:**

Housing and Residence Life  
Attn. Daniel Rosner  
1906 College Heights Blvd. #11093  
Western Kentucky University  
Bowling Green, KY 42101-1093

**Fax:** 270-745-6129  
Attn. Daniel Rosner

**Bring to:**

Housing and Residence Life Office  
  
Southwest Hall  
Attn: Daniel Rosner

**Email:** [dining.exemptions@wku.edu](mailto:dining.exemptions@wku.edu)

For Office Use Only

Date Received:

Date Appealed:

Decision:

Date Sent to Committee:

Date Email Sent:

Committee Decision:

Date Appeal Decision Sent: