

**UNIVERSITY OF LOUISVILLE
MEAL PLAN WAIVER REQUEST**

- Fall waiver requests will be accepted from August 1 until 4:00 PM on the second Friday of the fall semester.
- Spring waiver requests will be accepted from December 1 until 4:00 PM on the second Friday of the spring semester.
- Updated waiver request forms and supporting documentation must be submitted for each semester – an approval for one semester does not grant a waiver for any future semesters.

Please type or print.

Name: _____ Date: _____

Student ID: _____ Phone: _____

Mailing Address: _____

Do You Live On Campus: Yes No If Yes, which residence hall:

The response to your waiver request will be sent by email. Please list the email address where you want to receive this response: _____

REASON FOR WAIVER REQUEST

Requests must include specific information and have all supporting documentation attached to this request form.

DIETARY (must include written statement from Medical Doctor, Registered Dietician, or Religious Leader as well as detailed information on food/diet restrictions)

UNIQUE CIRCUMSTANCE (may include, but not be limited to, only taking evening classes, financial hardships, students with residing dependents, etc. that would prohibit a student from using the meal plan or create an undue hardship for a student)

Students furnishing false information as part of this waiver request are subject to disciplinary action in accordance with the Student Code of Conduct. By signing below you are certifying that the information provided as part of this request is true and accurate to the best of your knowledge.

Student Signature Date

Submit Waiver Requests to University Contract Administration in the Service Complex located at 201 East Warnock Street, Louisville, Kentucky 40208; or email requests to: mpwaiver@louisville.edu; or fax to (502) 852-7160. Be sure to include all supporting documentation with your request form.

For additional information regarding waiver requests please call 502-852-0741 or visit the UofL Dining Services website <http://www.uofldiningservices.com/>

For Committee Use Only

Date Received: _____ Approved: _____ Denied: _____ Date Response Sent: _____