

Freshman Dining Program Exemption Request

The University of Alabama
Enterprise Operations
Dining Services

NAME _____

CWID _____

ADDRESS _____
STREET ADDRESS

HOME PHONE _____

CITY STATE ZIP

CELL PHONE _____

EMAIL _____

I am requesting exemption from the University of Alabama First-Year Meal Plan Program. The specific qualifying factor is:

DIETARY CIRCUMSTANCE EXEMPTION: Please attach a letter concisely and fully describing your dietary circumstances. Attach supporting documentation from a licensed Medical Physician.

Students who fail or refuse to comply with the First-Year Dining Program and/or who furnish or submit false information to a University official or office in connection with a request for exemption are subject to disciplinary action in accordance with the Student Code of Conduct and to sanctions which could include imposition of a fine and suspension from the University of Alabama.

Requests for exemption must be received in the University of Alabama Dining Services Office on or before the following dates based upon you intended first term of enrollment: no later than the following schedule:

- July 15 for Fall Semester
- December 1 for Spring Semester

For information regarding requests for exemptions, please contact the University of Alabama Dining Services Office at (205)348-6816, or 1-888-Bama Food (226-2366) or visit the website at www.bamadining.ua.edu.

STUDENT SIGNATURE _____

DATE _____

Please return form to:

Holly Grof, MS, RD, LD
Coordinator of Dining Services
hgrof@fa.ua.edu

Box 870390
Tuscaloosa, AL 35487

For Office Use Only

Date Exemption Request Received: _____

Initial Decision: Approved/Denied Date: _____ Initials: _____

Date Appeal Received: _____

Appeals Committee Decision: Upheld/Reversed Date: _____