

Meal Plan Exemption or Release Request Form Instructions [For residents required to live in University Housing per University policy]

Coastal Carolina University is committed to providing its students with a comprehensive educational experience. By requiring all first and second year students to reside in campus housing and have a meal plan we are committing ourselves to the growth and development of our students inside and outside the classroom. First and second year students are required to live in University Housing and have a meal plan unless they have proof of Supplemental Nutrition Assistance Program (formally known as Food Stamp Program), financial hardship or a medically necessary diet that cannot be accommodated by Aramark (food services). These students must fill out the attached Meal Plan Exemption Request form.

For meal plan exemptions or releases due to a medical necessity, the Housing and Meal Plan Accommodations Student and Physician Forms should be completed. It is located on the Accessibility and Disability Services website, www.coastal.edu/disabilityservices. The documentation must be provided by the diagnosing or treating physician and will be reviewed by group of CCU professionals representing Accessibility and Disability Services, the Student Health Services, and University Housing. Once the diagnosis and diet are confirmed, the requested diet will be reviewed by Aramark to determine if they can accommodate. If Aramark can accommodate the student's dietary need, the student will not be exempted.

Please submit forms in person to the University Housing office in Ingle Hall room 129, or fax: (843)-349-6425 or mailed to: University Housing, Attention Meal Plan Exemption Request, PO Box 261954, Conway, SC 29528-6054.

WARNING:

FALSIFICATION OF DOCUMENTION IS HIGHLY ILL-ADVISED. STUDENTS FOUND IN VIOLATION OF FALSIFYING DOCUMENTS WILL HAVE THEIR APPLICATION REVOKED AND THEY WILL BE SUBJECTED TO CHARGES AS STATED IN THE COASTAL CAROLINA UNIVERSITY CODE OF STUDENT CONDUCT.

MEAL PLAN EXEMPTION OR RELEASE REQUEST FORM

Illegible or Incomplete requests will not be processed-Please print & fill out all fields.

Student Full Name:			CCU ID:		
CCU Email:		Birth date:			
Student Cell Phone:			Alt. Email:		
Permanent Home Address:			City, State:		
Local Home Address:			City State:		
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Student Signature			Date	Date	
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otification	: 🗖 In person	☐ Via telephone	☐ Via email	Notification Date:	
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