

Meal Plan Exemption Form

Texas A&M University – Texarkana

Student Information:

Name: _____ CWID: _____

Phone: _____ Email: _____

Classification: _____ Current Meal Plan: _____

I certify that I have reviewed the Meal Plan Policy and I understand that no request will be reviewed without supporting documentation.

Signature: _____

Date: _____

Exemption or Reduction:

Medical, religious, or other reasoning (If other, please specify.)

If there is a medical reason, documentation from a health care provider must be provided.

What foods can you eat?

If you are exempted from the meal plan, how will you provide food for yourself? (e.g. cooking, eating at home, etc.)

Medical Request for Meal Plan Exemption

Texas A&M University – Texarkana

Directions for Health Care Provider

All students living on campus are required to have a meal plan. Please provide enough detail and clear, specific information and recommendations for the Exemption Review Committee to accurately judge the need for a meal plan exemption.

Please Note: The health care provider must be an impartial individual who is not a family member.

On letterhead stationery, please type responses to the following questions:

1. What is your specialty?
2. What is the patient's condition?
3. How long have you treated the patient for this condition?
4. What specific dietary requirements are needed to treat this condition?
5. What current medications or treatments, which may interfere with participating on the meal plan, are being prescribed for the student's condition?
6. What are the ramifications of this medication that might affect the student's health?
7. In your estimation, would there be any detrimental effect on this patient's health if the University were unable to grant this special meal plan exemption? If yes, please explain.

Please email the document to Housing@tamut.edu or forward it to the following address:

Housing
7101 University Ave.
Texarkana, TX
75503