Reduction or Elimination of Meal Plan Request Form

2020-2021 Academic Year

CONCORDIA UNIVERSITY IRVINE

Concordia University Irvine (CUI) requires all residential students to purchase a University meal plan through a signed agreement for fall and spring semesters. According to University policy, freshman residents are required to have at least a 14-meal plan. All other residential students are required to have at least a 10-meal plan. However, CUI understands that students may have special circumstances which require an alternative meal option.

The University offers opportunities to appeal each semester. *Appeal submissions after the deadline date may not be accepted*.

Deadline to appeal for Fall semester 2020 – August 1, 2020
Deadline to appeal for Spring semester 2020 – December 18, 2020
Deadline to reduce meal plan to the minimum for Fall Semester 2020 – September 4, 2020
Deadline to reduce meal plan to the minimum for Spring 2020 – January 22, 2020

Instructions: Please read and follow the directions on this form carefully. The Meal Plan Appeal Committee will carefully deliberate your case using your appeal documents and other University information available to them.

Please note that:

- You must be clear in your explanation and submit all necessary documentation to substantiate your appeal. Failure to provide the indicated documentation will result in the denial of your appeal.
- Correspondence regarding your appeal is through your student eagles email account
- Email and phone requests are not accepted in lieu of this form
- Your current meal plan will remain active unless stated otherwise by the Meal Plan Appeal Committee

Submit this form to: Office of Residential Education & Services on the 2nd floor of the Rho Programming Center (RPC), before the deadline date.
Should you have any questions, please contact the Office of Residential Education & Services at (949) 214-3052.

Requestor Information

Name: _____ E#: _____ Date of Birth: ___/___/_____
Last Name First Name M.I. Concordia Student ID Number

Mailing Address: _____ Eagles Email: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Current Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate/Credential Transfer Student: ☐ Yes ☐ No

Are you a member of an official Concordia University athletic team: ☐ Yes ☐ No If yes, you must have have your head coach approve your request and sign:

_____ (Head Coach signature)

I am appealing to ☐ Eliminate ☐ Reduce to _____ for the following semesters/term: ☐ Fall Semester 2020 ☐ Spring Semester 2021

I currently have a: ☐ 5-Meal Plan ☐ 5-Meal Plan-Flex ☐ 10-Meal Plan ☐ 10-Meal Plan- Flex ☐ 14-Meal Plan ☐ 14-Meal Plan–Flex
☐ 19-Meal Plan ☐ 19-Meal Plan–Flex

Please select and provide documentation for any of the four following Appeal options that apply to your situation.

☐ Appeal Option #1: Classes and Work that Conflict with Dining Services Hours

To appeal under this option, you must:

(1**) submit a copy of your printed class schedule from Banner Web**. Unofficial copies or representations will not be accepted;

(2) **provide work schedule(s) and location(s) signed by your employer(s).**

(3) **provide internship schedules and locations signed by your supervisor(s).**

☐ Appeal Option #2: Financial Hardship

To appeal under this option, you must:

(1) **submit a copy of your financial aid statement and any other supporting financial documents (W-4, accountant records, bank statements, etc.).**

(2) **submit a letter explaining your financial hardships in detail**, AND

(3) **Submit a sample menu for a week with cost of the groceries consumed (IE, what will you eat for a week and what is the projected cost).**

☐ Appeal Option #3: Special Dietary/Medical Needs

To appeal under this option, you MUST complete BOTH of the following in this order.

(1) **Meet with and submit your documentation to Laura Hodge, Bon Appétit designee, at laura.hodge@cui.edu indicating that Concordia's dining services is unable to accommodate your dietary needs**.

☐ I have met with the student named on this appeal form and discussed his/her dietary/medical needs and the ability of Bon Appétit to accommodate them in the cafeteria. I have recorded the highlights of our discussion below:

_____

_____

_____

_____ _____

Signature Laura Hodge, Bon Appétit designee Date

(2) **Submit this form AND a signed letter from your physician indicating your dietary needs to the DLRC (Disability and Learning Resource Center)**. Physicians should indicate your specific dietary concerns. For example: Patient X is allergic to shell fish, peanut butter, and milk. The letter should also contain your physician's professional contact information. It is your responsibility to ensure that all waiver forms are signed so that your physician can freely discuss your appeal with the DLRC office. This documentation should be submitted directly to the DLRC.

☐ Appeal Option #4: Other

If you would like to appeal under a different condition other than options 1 through 3 you must submit the necessary documentation to support your reason(s). We will only make decisions using the information you provide and what we have available to us. It is in your best interest to provide us with enough documentation to support your claim. Failure to provide support for your appeal will result in the denial of the appeal.

Student Notification and Signature

By signing on the line below, you are certifying that you understand the contents on this form and all the information provided to the University is true and accurate to the best of your knowledge. False information provided by student and/or others representing the student may result in disciplinary action, denied appeal, and/or other consequences for the student appealing the meal plan requirement.

_____

Signature of Student ***Date***

DLRC Office Use Only

Date Received:_____

☐ Approved ☐ Denied

_____ (Signature of Dean of Equity, Diversity & Inclusion)

Residential Education & Services Use Only

Date Received:_____ Date Reviewed by Committee: _____

☐ Approved: _____ Comments: _____

☐ Denied: _____ Comments: _____