

## Meal Plan Modification Request Form (Religious and/or Class/Work/Internship)

## **Part I: Student Info:**

| Name (please print clearly):  |                                 |   |               |                     |                   |  |
|---|---------------------------------|---|---------------|---------------------|-------------------|--|
| FDU ID#:  |                                 |   | FDU Email:    |                     |                   |  |
| Cell Phone #:   |                                 | #:  | Home Phone #: |                     |                   |  |
| Status:   |                                 | Incoming First-Year Student   |               | Transfer Student    | Returning Student |  |
| Campus:   |                                 | Florham Campus  |               | Metropolitan Campus | Wroxton College   |  |
| Mo  | dificatio                       | n Request is for:   | Fall          | Spring              | Year:             |  |
| I am requesting: ☐ Meal Plan D (8 meals/ week and \$200 Flex)   |                                 |   |               |                     |                   |  |
| ☐ No Meal Plan  |                                 |   |               |                     |                   |  |
| REASON FOR MODIFICATION REQUEST (select one):   |                                 |   |               |                     |                   |  |
|   | CLASS/INTERNSHIP/WORK SCHEDULE  |   |               |                     |                   |  |
|   | b. Em<br>em<br>c. Cla<br>d. Cla | <ul> <li>Employer's letter on company letterhead detailing your work schedule, location, duration of employment/internship.</li> <li>Class schedule (print via WebAdvisor).</li> <li>Class/Internship/Work Schedule worksheet.</li> </ul>   |               |                     |                   |  |
|   | □ RELIGIOUS                     |   |               |                     |                   |  |
|   | can                             | a. Documentation from your Clergyperson supporting your request and <b>specifying groups of food you can and cannot eat</b> . <i>Meal Plan Modification Committee will review these specific dietary needs to see if the University food service provider can accommodate your needs.</i> |               |                     |                   |  |
| IMPORTANT INFORMATION:  |                                 |   |               |                     |                   |  |
| <ol> <li>Submission of this form does not guarantees the specific modification requested will be granted. You will be informed of the decision in writing by the second Friday of the semester.</li> <li>You are responsible for full payment of your current meal plan, unless you are notified in writing that a reduction has been approved.</li> <li>Work/Internship Exemptions: Approvals are for one semester only. Resident must apply each semester.</li> <li>Religious Exemptions: Approvals are for the entire academic year.</li> <li>Applications are due by the 1<sup>st</sup> day of classes. Decisions rendered: By 2<sup>nd</sup> Friday of the semester</li> </ol> |                                 |   |               |                     |                   |  |
| Meal Plan Modification Committee use only: □ Approved □ Not Approved □ Date:  |                                 |   |               |                     |                   |  |
| PLEASE MAIL, FAX or EMAIL ALL THE INFORMATION TO:   |                                 |   |               |                     |                   |  |
| Housing Office – Florham Campus and Wroxton C. Office of Residence Life – Metropolitan Campus   |                                 |   |               |                     |                   |  |

E-mail: fduhousing@fdu.edu

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Fairleigh Dickinson University

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