



Medical Meal Plan Requirements Fall 2018–Spring 2019

IMPORTANT NOTICE

Regardless of Medical Meal Plan status, you will be charged for a Meal Plan.
If approved, your plan will be changed to the Conversion Plan of your choice.

Last Name _____ First _____ Middle Initial _____

ID # _____ Email _____ Phone Number _____

Classification (circle one): Freshman Sophomore Junior Senior Graduate

Current Meal Plan (circle one): **5-Day:** Basic / Value / Super **7-Day:** Basic / Value / Super

1. Student's name and date must be on a letter from doctor which outlines dietary restrictions and an acceptable sample menu.
2. Select desired conversion from the charts below. If approved, meal plan will be converted accordingly.
3. Form and required supporting documents must be submitted to Crumley Hall, Room #132.
4. Dietitian will determine whether a special diet can be met in Residence Hall Dining Cafeteria.
5. Students will be notified whether they have or have not been approved.

Conversions must be done by the 2nd Friday of the semester.

5-DAY BASIC CONVERSION

Check One	Plan	Meals	Flex \$	Base	Tax	Total
<input type="checkbox"/>	160 + 275	160	\$275	\$1,530	\$126.23	\$1,656.23
<input type="checkbox"/>	120 + 400	120	\$400	\$1,530	\$126.23	\$1,656.23
<input type="checkbox"/>	80 + 500	80	\$500	\$1,530	\$126.23	\$1,656.23
<input type="checkbox"/>	8 + 425	8/week	\$425	\$1,530	\$126.23	\$1,656.23
<input type="checkbox"/>	5-Day Flex	0	\$1,530	\$1,530	\$126.23	\$1,656.23

7-DAY BASIC CONVERSION

Check One	Plan	Meals	Flex \$	Base	Tax	Total
<input type="checkbox"/>	160 + 375	160	\$375	\$1,690	\$139.43	\$1,829.43
<input type="checkbox"/>	120 + 500	120	\$500	\$1,690	\$139.43	\$1,829.43
<input type="checkbox"/>	80 + 600	80	\$600	\$1,690	\$139.43	\$1,829.43
<input type="checkbox"/>	8 + 525	8/week	\$525	\$1,690	\$139.43	\$1,829.43
<input type="checkbox"/>	7-Day Flex	0	\$1,690	\$1,690	\$139.43	\$1,829.43

By signing below, if approved I give Dining Services approval to convert my meal plan into the Conversion Plan selected above.

STUDENT SIGNATURE _____ DATE _____

DINING SERVICES SIGNATURE _____ TOTAL _____