

**SECTION:** Business Affairs/Business Services  
**SUBJECT:** Plan E - Student with Severe Medical Problem Rebate Plan for Meals

**ISSUED BY:** Assistant Vice President for Business Affairs  
**REPLACES:**  
**APPROVED BY:** Vice President for Business Affairs and Treasurer  
**EFFECTIVE DATE:** August 15, 2003

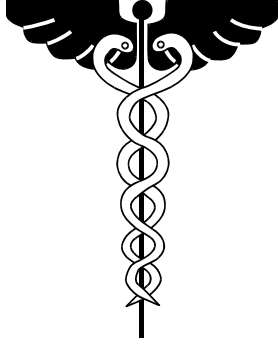
**Plan E - Student With Severe Medical Problem Rebate Plan For Meals**

The Student with Severe Medical Problem Rebate Application must be approved by the Associate Dean of Residence Life and then submitted to the Asbury College Health Services personnel with supporting documentation. Health Services will forward the application to the Assistant Vice President for Business Affairs for final review. If the request is approved the Assistant Vice President for Business Affairs will notify Pioneer College Caterers and the Student Accounts Coordinator to credit the student's account. If the request is denied the Assistant Vice President for Business Affairs will inform the student as such.

**Criteria for Plan E:**

1. If a student is required to return home or enter a medical facility due to a severe medical problem the student may be eligible for a rebate of his/her meal plan.
2. The student must have been confined at home or in a medical facility and missed classes for a minimum of five (5) days for the rebate to be considered. When such a confinement occurs the rebate will be allowed for the entire period of confinement.

Application for this rebate can be found on following page.



**STUDENT WITH SEVERE  
MEDICAL PROBLEM  
REBATE APPLICATION**

**Date and Time Submitted**

**PLAN E**

Student's name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Student's campus address \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone number \_\_\_\_\_

Date of illness: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Missed meals during illness

- Date (breakfast, lunch, dinner) of first meal missed: Date \_\_\_\_\_ Meal \_\_\_\_\_
- Date (breakfast, lunch, dinner) of last meal missed: Date \_\_\_\_\_ Meal \_\_\_\_\_

**Please submit this completed and signed application with a letter from the student's physician to the Assistant Vice President for Business Affairs with a copy to the Director of Food Service for Pioneer Foods.**

APPROVED BY: \_\_\_\_\_  
ASSOCIATE DEAN OF RESIDENCE LIFE DATE

APPROVED BY: \_\_\_\_\_  
DIRECTOR OF STUDENT HEALTH SERVICES DATE

APPROVED BY: \_\_\_\_\_  
ASSISTANT VICE PRESIDENT FOR BUSINESS AFFAIRS DATE

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**BUSINESS OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_  
DIRECTOR OF FOOD SERVICE DATE