

APPLICATION for a REDUCED MEAL PLAN (7-Meal / 95Block)

- * Applications should be submitted yearly, at least two (2) weeks prior to the beginning of the academic term.
- * Submit applications to: Asbury University, Assistant Vice President for Business Affairs

PLEASE PRINT CLEARLY

!!YOU MUST CHOOSE AN EXCEPTION BEFORE SUBMITTING YOUR APPLICATION!!

Please read the following exceptions carefully before completing this application.

Exception: 1 2 3 4 5 (circle one)

It is the policy of the University that ALL resident students must participate in a meal plan. However, those who qualify as an exception may participate in one of the reduced meal plans.

- 1. Students who eat with parents, close relatives or a legal guardian.**
** A letter from a parent or legal guardian is required with this exception.
- 2. Students whose meals are provided as a part of their work agreement.**
** A letter from a parent or legal guardian is required with this exception.
** A letter from your employer is required.
- 3. Students who are student teaching.**
- 4. Students whose work and class schedule conflict with the meal schedule.**
** A letter from a parent or legal guardian is required with this exception.
** A detailed class and or work scheduled is required. Please COMPLETE the back of this form, showing your work/class conflicts with each mealtime.
** If conflict is due to work schedule, a letter from employer verifying hours is required.
- 5. Students who have medical concerns certified by the University Health Clinic.**
** A letter from a parent or legal guardian is required with this exception.
** A letter from your physician stating why it is medically necessary for the reduced meal plan is required.

OFFICE USE ONLY

Student's Name: _____

ID# _____

Decision: _____

Reason: _____

Approved: _____

****ALL SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED WITH YOUR APPLICATION****

Term applying for: Fall/Spring _____ Hours Being Attempted _____
YEAR

Have you been previously approved to be on a reduced meal plan? YES _____ NO _____ If yes, how many semesters _____

Name _____ Date of Birth _____

Asbury University ID # _____

Circle one: 5thYR SR JR SO FR

Residence Hall and Room Number _____ Cell Phone # _____

Parent(s) Name _____ Telephone _____
Area Code/Number

Parent(s) Address _____
Number & Street City State Zip

Have your parents/guardian given consent? _____ (You must submit a parent/guardian letter with your application)

Where will you be eating your meals? _____ Name of Employer? _____

Clearly state your reason(s) for requesting the reduced meal plan. If your reason(s) is related to class or work schedule. Please use the back page to list your schedule(s).

I have read the front of this application and I agree to the conditions as stated.

Applicant's signature _____ Date _____

YOUR APPROVAL OR DENIAL WILL BE EMAILED TO YOU. PLEASE CHECK YOUR CAMPUS EMAIL REGULARLY.

IF YOU ARE APPROVED, YOU MUST SELECT YOUR MEAL PLAN THROUGH BUSINESS AFFAIRS.

