

2023-2024 Meal Plan Waiver Request

APSU Housing/Residence Life and Dining Services

Use this form to request consideration for a waiver of the APSU Dining Services meal plan requirements.

INSTRUCTIONS: Complete this form and return with all required additional documentation, as specified below. Your application is incomplete unless submitted with all required additional documentation. If approved, your waiver is only good for the terms requested. For renewal of a previously approved application, complete a new Meal Plan Waiver Request form.

SUBMIT: Delivery options: **1)** Scan and e-mail (in PDF) to housing@apsu.edu **2)** Fax: (931) 221-7165 **3)** Hand deliver to Miller 121 **4)** Mail to: Austin Peay State University, Dining Services, P.O. Box 4596, Clarksville, TN 37044

DEADLINE: APSU Housing will accept all Meal Plan Waiver Requests up to and within the first 14 days of each term (within 14 days of room assignment, if you are a "late arrival"). The meal plan charge in question will remain on your student account until Housing approves a waiver. If Housing approves your waiver request, Housing will adjust your student account for the unused portion of your meal plan.

Student Information

Housing will use this e-mail address to notify you of a decision.

Student ID: A Full Name: APSU E-Mail:

Please indicate the term(s) for this waiver request. Fall 2023 Spring 2024 Fall 2023 & Spring 2024

PLEASE SELECT ONE OF THE FOLLOWING REASONS FOR THIS WAIVER REQUEST:

WORK/EDUCATION-RELATED (student teaching, internships, clinical, or job). You must submit all of the following to document the meals you will miss as a result of your work/education-related reasons: 1) A copy of your class schedule and 2) A signed letter (on official letterhead) which indicates your work/training days and times. In order to qualify for a full or partial waiver, you must be unable to eat at least seven meals per week at any of the APSU Dining Services locations.

MEDICAL (dietary/food restrictions). You must attain and submit a signed letter from your personal physician (on official letterhead) indicating your dietary/food restrictions, and a description of how off-campus dining or a change in meal plans will best meet your dietary needs.

Explanation to support request for waiver. See sections above for required documentation.

I CERTIFY THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: Reviewed by: Approved Denied

Comments:

Austin Peay State University, a Tennessee Board of Regents Institution, is an equal opportunity employer committed to the education of a non-racially identifiable body.