



Meal Plan Accommodation Request Form

Office of Student Affairs

GENERAL INFORMATION

Last Name:		First Name:		Student ID: A	
IIT Email: _____@hawk.iit.edu		Cell Phone: ()			
I am requesting : Reduction of my plan to <input type="checkbox"/> GRAY 150 <input type="checkbox"/> Exemption from the meal plan requirement					
What meal plan do you currently have?					
What Building will your room be in?			What is the room number?		

POLICY AND PROCESS

Residents living in the residence halls at Illinois Tech are required to participate in one of several University-sponsored meal plans. IIT Dining Services features a variety of choices intended to meet the dietary needs of the University’s diverse student body. In certain situations, a student may need to request special meal plan accommodations or, in the event IIT Dining Services cannot meet the student’s documented dietary restrictions, an exemption from the meal plan participation requirement. The process for obtaining an accommodation or exemption based on the student’s disability or health concern is coordinated through the Office of Student Affairs and involves the following:

- The student must complete and submit to the Office of Student Affairs Part 1 and have their Physician complete and submit Part 2 of this form along with a letter detailing the specific dietary restrictions.
- Upon receipt of Part 1 and 2 by the Office of Student Affairs; if necessary, a meeting will be scheduled with the General Manager for IIT Dining Services. The purpose of the meeting is to develop an action plan to address the student’s dietary needs and to discuss a plan to reasonably accommodate his or her needs. The General Manager may include the Executive Chef in the discussion.

Please note that the meal plan accommodation request will only be considered for those who demonstrate that a Campus Meal Plan cannot in any way satisfy their dietary needs and provide appropriate supporting documentation. In order for the request to be considered **all required documentation must be submitted. Incomplete Meal Plan Accommodation Request forms will NOT be considered.** Important things to keep in mind:

- This request is valid for the academic year for which it was signed.
- Submitting this request form will begin a review process that could end in the following ways: 1) the request for a meal plan accommodation will be approved; 2) the request for a meal plan accommodation will be denied; 3) a meal plan may be created for you by the IIT Dining Services staff that will satisfy the restrictions documented with reference to your request form.
- Students will be notified of the outcome of their request via their Illinois Tech email within 10 – 12 school days after the completed request form is submitted. If the request is approved, the meal plan charge will be prorated from the date the decision was rendered. All charges up to that date are valid and will be assessed on the student’s account.
- Meal plan reduction to the GRAY 150 requires that the student lives in a room with a kitchen or is eligible to live in Graduate Hall.
- The health care provider must be a MD, DO, NP or ND (letters from Chiropractors and Herbalists will not be accepted).
- Presentation of falsified information will be considered a violation of the Student Code of Conduct resulting

PART 1 - STUDENT MEDICAL INFORMATION

(To be completed by Student as part of a Medical Meal Plan Accommodation Request)

1. Explain the nature of your medical condition and why you believe you require an exemption from a campus meal plan.

2. When did your symptoms first begin?

3. When did you first seek treatment?

- 4a. Are you currently being treated by a physician?

a. Yes No

- 4b. Have you been referred to a specialist?

b. Yes No

5. What foods can you eat?

6. If you are granted your requested accommodation how will you provide food for yourself?

AGREEMENT AND AUTHORIZATION

By signing below, you acknowledge you have read the information above in the "Policy and Process" section and that the information provided with this request is accurate, to the best of your knowledge. By signing, you authorize your medical representative and Illinois Tech Student Health & Wellness Services to release any appropriate medical information to the Office of Student Affairs.

For Medical Exemption Requests:

Also, I give Dr. _____ of the _____ Medical Clinic/Center permission to release any and all relevant information needed for consideration of the meal plan accommodation request to Illinois Institute of Technology.

Student Signature

Date

PART 2 - MEDICAL PROFESSIONAL INFORMATION

(To be completed by a certified medical professional as part of a Medical Meal Plan Accommodation Request)

A student has requested an exemption from the Illinois Institute of Technology meal plan due to a medical condition, and has indicated that you are the treating physician for this condition. When there are valid medical reasons supported by documentation from a physician, which cannot be accommodated in other ways, a waiver to the required meal plan may be granted. Such documentation must indicate a clear and compelling need for the meal plan accommodation.

To assist in evaluating this student's request, you are being asked to provide a written response to the items listed below and to return it to the IIT Office of Student Affairs within 10 days of receipt of this request. Without your proper response, the student's request will not be considered.

Please scan the completed and signed **Meal Plan Accommodation Physician Form** and email to dos@iit.edu, with the student's name in the subject line or fax it to 312-567-8917. If you have any questions, please feel free to contact this office at 312.567.3081.

NAME OF STUDENT _____

1. Describe the exact nature of the medical condition(s) that would prevent this student from eating in the Illinois Tech cafeteria.

2. Provide the history of the specific medical condition, including date the problem was diagnosed, number of visits related to this condition, tests performed that substantiate the diagnosis, treatments and date of last visit.

3. How would this medical condition be adversely affected by this student eating in the Illinois Tech cafeteria?

4. Please provide a detailed account of the specific diet the student is required to follow including foods the student can and cannot eat.

5. Is this a temporary or permanent condition? temporary permanent
If it is temporary, when is the student's expected recovery date? _____

6. In your estimation, would there be any detrimental effect on this patient's health if Illinois Tech did not grant this special meal plan exemption? If yes, please explain.

The information I have submitted is based on professional documentation and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student's request. I affirm that this information is not based on any personal relationship with the student. I also understand that I may be contacted for additional information should more documentation be needed.

Doctor/Health Care provider name (printed)

Clinic/Medical Center

Doctor/Health Care provider signature

Date

Doctor/Health Care provider primary phone