



## Medical Meal Plan Waiver Policy

### Purpose:

This policy establishes the guidelines and process for students requesting a waiver from the mandatory college meal plan. This policy applies to all undergraduate residential students.

Waivers will not generally be granted for the following:

- Financial hardship
- Class, sports, or employment schedules
- Religious reasons
- Vegetarian/vegan/organic diets
- Lactose intolerance
- Gluten free diets
- Common food allergies
- Food preferences, likes or dislikes

Students with food allergies or specific requirements should contact Khara Potter, Director of Chartwells Dining Services, at [khara.potter@compass-usa.com](mailto:khara.potter@compass-usa.com) before requesting a meal plan waiver. In rare cases, a student may have medical or dietary requirements that cannot be accommodated by Dining Services. In such cases, students may request to be waived from the meal plan. Dining Services is committed to assisting students with food allergy needs and is a member of the Food Allergy & Anaphylaxis Network's (FAAN's) College Network.

### Procedures:

Students requesting a waiver from a meal plan must complete the Meal Plan Waiver Request form and supporting documentation to the Dean of Students located on the second floor of Reid Castle, room 227 or can be faxed to the attention of the Dean of Students at 914-323-3210. Supporting documentation from the physician should be on letterhead, typed, dated, signed and include the following information:

- A current statement of the diagnosis and date of onset
- Detailed information of all the medical or dietary restrictions
- An explanation on why the Dining Services cannot meet the students' medical or dietary restrictions
- The alternative plan recommended for the student and how the student will eat throughout the year
- An estimate of the length of time that this treatment will be necessary.

Failure to complete the form in its entirety or to provide the appropriate documentation could result in a delay or denial of your request. Students will receive an email notification to their mville.edu email regarding the status of their request.

Meal plan waiver requests will be accepted between 9:00am – 4:00pm during the below time frames:

**Fall Semester** - Final submission date is the second Friday in August

**Spring Semester** - Final submission date is the second Friday in January

Meal Plan Waiver Requests submitted after this deadline will be processed the following semester. It is important to remember that a NEW Meal Plan Waiver Request form and supporting documentation needs to be submitted at the start of each fall semester.

The student's request will be reviewed by the Residential Accommodations Committee. The committee will review requests after the deadline and final decisions will be emailed to the student's mville.edu account within 5 business days. During the review, the committee may contact the physician to clarify

any questions. Only if the Committee determines that the specific medical or dietary needs of the student cannot be met by Dining Services will a waiver be granted.

Students are required to pay all tuition bills in accordance with billing deadlines. This includes the cost of any meal plan. If a Medical Meal Plan Waiver request is granted, a credit will be issued to the student's account.

For information regarding food service, please contact Chartwells Food Service at 914-323-5392.

For information regarding billing or refunds, please contact Student Accounts at 914-323-5266.

For additional information regarding the Medical Meal Plan Waiver, please contact the office of Residence Life & Conference Services at (914) 323-5217 or [ResLife@mville.edu](mailto:ResLife@mville.edu). Documents can be faxed to (914)-323-5222.



## Medical Meal Plan Waiver

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Manhattanville Email:** \_\_\_\_\_

Manhattanville College requires all undergraduate residential students to have a meal plan. Waivers will **ONLY** be considered for specific medical or dietary needs of the student that cannot be met by Dining Services. Students with food allergies or specific requirements should contact Khara Potter, Director of Chartwells Dining Services, at [khara.potter@compass-usa-.com](mailto:khara.potter@compass-usa-.com) before requesting a meal plan waiver. In rare cases, a student may have medical or dietary requirements that cannot be accommodated by Dining Services.

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Students requesting a waiver from a meal plan must complete the Meal Plan Waiver Request form and supporting documentation to the office of Residence Life & Conference Services located in Spellman 111 or can be faxed to (914)-323-5222. Documents may also be scanned and emailed to [ResLife@mville.edu](mailto:ResLife@mville.edu). Supporting documentation from the physician should be on letterhead, typed, dated, signed and include the following information:

- A current statement of the diagnosis and date of onset
- Detailed information of all the medical or dietary restrictions
- An explanation why the Dining Services cannot meet students’ medical or dietary restrictions.
- The alternative plan recommended for the student and how the student will eat throughout the year
- An estimate of the length of time that this treatment will be necessary.

Please indicate if you have a food allergy and carry an Epi-pen: Yes \_\_\_\_\_ No \_\_\_\_\_

Failure to complete the form in its entirety or to provide the appropriate documentation could result in a delay or denial of your request. Students will receive an email notification to their mville.edu email regarding the status of their request.

Students who provide false information in completion of this waiver request will automatically be denied and may be subject to judicial actions in accordance with the Student Code of Conduct. By signing below you are certifying that the provided information is true and accurate.

**Student Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR COMMITTEE USE ONLY**

**Date Received:** \_\_\_\_\_

**Date Response Sent:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_