UNIVERSITY OF ROCHESTER
2015-2016 Dining Plan Appeal/Exception Form

Students: Please complete the top portion of this form. Include all required documentation (See Terms and Conditions).

Name: ___________________________ Student ID #: ___________________________ Class Year: ___________________________

Last

First

Phone Number: ___________________________ Email Address: ___________________________

Residence Hall: ___________________________ I request to: □ Cancel my meal plan

□ Change my meal plan: ___________________________

(Specific plan requested)

Semester: □ Fall □ Spring □ Academic Year

Reason:

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

□ I read and understand the Terms & Conditions

□ I have included all of the required documentation

Student Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY

Staff Comments:

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

□ APPROVED □ Academic Year □ Fall □ Spring □ Permanent □ DENIED

________________________________________________________________________________________________________________________________________

□ Student Follow up required:

Administrative Signature: ___________________________ Date: ___________________________

R. Cameron Schauf, Director of Auxiliary Operations & Campus Dining Services

FOR OFFICE USE ONLY

Current Plan: ____________ New Plan ____________ Effective Date: ____/____/____

Meal/OH Refund $__________ Meal/OH Charge $__________ □ BB □ Excel

Declining Refund $__________ Declining Charge $__________ □ ISIS □ Access

Net Adjustment $__________ Net SV Adjustment $__________

□ Copies made for file □ Email sent to student