



Adrian College

Meal Plan Exemption Request Form

For the Academic Year **2025-2026**

THIS SECTION TO BE COMPLETED BY THE STUDENT MAKING THE REQUEST:

***MUST BE RECEIVED BY JUNE 13, 2025 FOR CONSIDERATION. LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Student Name: _____ Student ID#: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Housing Assignment for Fall 2025: _____

By signing below, the student acknowledges that he/she has read and understands the Adrian College Meal Plan Exemption Policy and grants permission to the Health Care Provider named below to discuss the student's dietary requirements with Adrian College's Directors of Food Services and Housing Office. Adrian College and Sodexo offer a variety of gluten-free and lactose-free options. General requests for exemption from the meal plan requirements due to these reasons will not be considered.

NOTE: Exemption is not guaranteed, and the total of Tuition, Room, Board, and Fees are due by the deadlines provided in the Student Account Policy.

Signature of student: _____ Date: _____

THIS SECTION TO BE COMPLETED IN ITS ENTIRETY BY PHYSICIAN, CERTIFIED ALLERGIST/IMMUNOLOGIST, OR REGISTERED DIETICIAN:

Name of Health Care Provider: _____

Address: _____

Phone #: _____ Fax #: _____

Diagnosis: _____

Date of most recent visit (must be within last calendar year): _____

Specific, prescribed diet:

In addition, please list:

Restricted Foods:

Recommended Foods:

Daily Intake Requirements:

Food/Meal Timing Requirements:

*Students should also include a separate letter and additional documentation that may share any pertinent information that could assist Adrian College, and its Food Service Provider, in determining whether they may be able to meet the student's dietary requirements.

Signature (RD/MD): _____ Date: _____

Please return by fax or mail to (only forms received directly from the Physicians, Allergist/Immunologist's, or Dietician's Office will be accepted):

Adrian College
Office of Student Life
110 South Madison
Adrian, MI 49221

FAX: 517-264-3834 ATTN: Housing Office

Office Use Only:

Approved Date: _____ Denied Date: _____ Appealed Date: _____ Final Decision: _____

Approved by: _____ Comments: _____

Notified student by email on: _____