



Office of Residence Life Mission Statement

"The Office of Residence Life strives to develop a safe living and learning environment where residents are engaged in a structured academic, personal, and social community"

Meal Plan Appeal/Meal Plan Accommodation Request

The University of Detroit Mercy requires all residential students to purchase a University meal plan through their housing contract. According to University policy, freshman residents are required to have meal plans 1 or 2. All other residential students are required to choose one of the three block plans. However, the University of Detroit Mercy and Detroit Mercy Dining Services/Metz understands that students may have special circumstances which require an alternative meal option.

The University of Detroit Mercy offers 2 opportunities to appeal each academic year. Appeal submissions after the deadline date will not be accepted. Appeals must be made for each housing contract cycle.

Deadline to appeal for Fall semester (August-December)

Friday of 2nd week of classes

Deadline to appeal for Winter semester (January-April)

Friday of 2nd week of classes

*Meal plan accommodations decisions are based on individual need after the above deadlines and can be denied based on late request

**Any used meals or flex dollars spent will be billed back to the student at a pre-determined rate

Instructions: Please read and follow the directions on this form carefully. You must indicate the appeal option that most accurately describes your case by checking the box next to the appeal option. The Meal Plan Appeal Committee will carefully deliberate your case using your appeal documents and other University information. The committee will determine if your case substantiates elimination or a reduction of your meal plan.

Please note that:

- ✓ You may not re-appeal; Meal plan appeal decisions are final
✓ You must be clear in your explanation and submit all necessary documentation to substantiate your appeal. Failure to provide the indicated documentation will result in the denial of your appeal.
✓ Correspondence regarding your appeal will be sent through your UDM email account
✓ Email and phone requests are not accepted in lieu of this form
✓ Your current meal plan will remain active unless stated otherwise by the Meal Plan Appeal Committee

Submit this form to: Student Disability & Accessibility Support Services, Student Success Center, 4001 W. McNichols Rd, Room 319, Detroit, MI 48221 before the deadline to be considered for an appeal.

Requestor Information Academic Year: 20__

(Please Print Clearly)

Name: Last Name First Name M.I. Building: Room# T#: UDM Student ID Number

Mailing Address: UDM Email:

City: State: Zip Code: Telephone: ()

Date of Birth: Gender: Male Female Cell Phone: ()

Current Class Standing: Freshman Sophomore Junior Senior Graduate/Credential Transfer Student: Yes No

Are you a member of an official UDM athletic team: Yes No If yes, what sport?

I am appealing to Eliminate Reduce to for the following semesters/term: Fall Semester 20 Spring Semester 20

I currently have a: Meal Plan 1: 255 Meals, \$150 Flex Meal Plan 2: 190 Meals, \$300 Flex Meal Plan 3: 120 Meals, \$500 Flex

Statement of Purpose (Please specify the rationale to your appeal. Use additional paper if needed)

Multiple horizontal lines for writing the statement of purpose.

Appeal Option #1: Special Dietary/Medical Needs

To appeal under this option, you must:

Submit a signed letter from your physician (**not related to you**) indicating your dietary needs with this form. Physicians should indicate your specific dietary concerns. For example: Patient X is allergic to shell fish, peanut butter, and milk. The letter should also contain your physician’s professional contact information. It is your responsibility to ensure that all waiver forms are signed so that your physician can freely discuss your appeal with our office. If we are not able to speak directly to your physician to verify the rationale of your appeal, your appeal may be denied.

Appeal Option #2: Religious Restrictions or Requirements

To appeal under this option you must:

- (1) submit a signed letter from your pastor, rabbi, priest, imam, ayatollah or other authorized personnel from the organization.
- (2) submit a personal statement as to why the meal plan does not work with your religious/spiritual restrictions and/or requirements.

Appeal Option #3: Other

If you would like to appeal under a condition other than options 1 and 2, you must submit the necessary documentation to support your reason(s). We will only make decisions using the information you provide. It is in your best interest to provide us with enough documentation to support your claim. Failure to provide support for your appeal will result in the denial of the appeal.

Student Notification and Signature

By signing on the line below, you are certifying that you understand the contents of this form, and that all the information provided to the University of Detroit Mercy is true and accurate to the best of your knowledge. False information provided by student and/or others representing the student may result in disciplinary action, denied appeal, and/or other consequences for the student appealing the meal plan requirement. By signing this form, you acknowledge that this Meal Plan Appeal/Meal Plan Accommodation form is only a request and is not a guarantee of approval.

Signature of Student _____

Date _____

<i>Office of Residence Life Use Only</i>	
Date Received: _____	Date Reviewed by Committee: _____
<input type="checkbox"/> Approved: _____	Comments: _____
<input type="checkbox"/> Denied: _____	_____