



## MEAL PLAN EXEMPTION REQUEST FORM

**Instructions:** This form is to be completed when a student wishes to be exempt from the meal plan requirement due to **medical or dietary reasons**. Please complete the form making sure each section contains accurate information. Students who submit false information will be subject to disciplinary action under the Student Code of Conduct and sanctions which may include suspension from South Georgia Institute.

**Meal Plan Exemption DEADLINES:** SUMMER: May 18, 2026 FALL: July 28, 2025 SPRING: Dec 20, 2025

Submit all Meal Plan Exemption Request Forms to the Admissions at [admissions@sgiedu.com](mailto:admissions@sgiedu.com).

Name (please print):	Student ID Number:		
E-Mail:			
Address (Home):	City:	State:	Zip:

Semester exemption requested: \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER

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### Please select a reason for exemption request (check one):

\_\_\_\_\_ **Dietary Restriction** – I am requesting exemption from the required Meal Plan due to dietary restrictions. A letter and supporting documentation from my licensed Medical Physician fully describing my dietary circumstances is attached. I understand my request will be reviewed by the Dining Service director to determine the ability to provide meals that comply with my restrictions. I further understand that Dining Services will make every effort to comply with my dietary restrictions. In the event they are not able to comply, my request for exemption will be granted. **Must attach a letter and supporting documentation from your licensed medical physician for dietary restrictions.**

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### Your exemption request must include the following:

1. A letter that concisely and fully explains your dietary restriction(s) or personal circumstances.
2. All supporting documentation from your licensed medical physician stating what your medical condition is and why such medical condition prevents you from fulfilling your dietary needs through a meal plan. In the event of food intolerance/allergies, the doctor must state specifically which food(s) you cannot consume. Letters from chiropractors are not accepted.
3. Copies of all tests performed that substantiate the diagnosis including the date taken.
4. A diet you are to follow for your medical condition. This includes a sample menu for meals/snacks for 3 days, foods you are to avoid, and foods you can eat. This diet plan should be provided by your medical doctor.
5. Additional documents needed are your Academic Class Schedule and Official Work Schedule.
6. Additional documentation you deem appropriate for the Exemption Committee to consider.

Incomplete requests will not be submitted to the Exemption Committee.

#### Confidentiality Notice

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**ACCEPTANCE AND ACKNOWLEDGMENT:**

**TERMS AND CONDITIONS:** Students must submit a Meal Plan Contract at the time of submitting a Meal Plan Exemption request. To maintain the integrity of the student account, meal plan charges will be placed on the account and must be paid even if the student has submitted a Meal Plan Exemption request. Should the exemption be granted, a credit will be posted on the student account. Only if there is no outstanding balance on the account will a refund be issued. Otherwise, the credit may be applied towards any outstanding amount of the student's account.

By signing below, I hereby agree to the terms and conditions outlined above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR AUXILIARY SERVICES PERSONNEL ONLY:**

**Date exemption request received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Initial MPEC decision:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student appeal decision:** \_\_\_\_\_ **Appeal** \_\_\_\_\_ **Did not appeal** \_\_\_\_\_ **Date appeal received:** \_\_\_\_\_

**Appeals committee decision:** \_\_\_\_\_ **Upheld** \_\_\_\_\_ **Reversed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date student notified:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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