

Meal Plan Modification Request Form

Birmingham-Southern College requires all students to purchase a meal plan. The College may grant a student a meal plan modification for an appropriate documented disability, chronic medical condition, or religious dietary observances. Meal plan modifications are considered on a case-by-case basis and will only be considered for students who meet the criteria listed below. This request is valid for one academic year, beginning with the Fall term and ending at the conclusion of the Summer term.

Name: BSC Email Address:		Email Address:
Home Address:		
	Phone	Number:
Student Status: Incoming Freshman Ir	ncoming Transfer	□ Current BSC Student Year □ Fresh □ Soph □ Jr □ Sr
Reason for Meal Plan Modification Request The modification request listed below should be supported professional. Please reference the <u>Documentation Guidential</u> with this form for Documented Disability or Chronic Notes that with a written statement on the appropriate of reason for the dietary restriction.	ed by the documentatio <u>lines for Academic and</u> Aedical Condition. Req	Residential Accommodations document provided nuests submitted due to religious beliefs should be
I am requesting a meal plan modification due to ☐ Documented Disability ☐ Chronic Medical Condition ☐ Religious beliefs	o:	
Relevant Diagnosis (Disability or Medical Cond	lition outlined in D	ocumentation) or Religious Belief:
Explain how the meal plan modification reques documentation:	sted is necessary bas	sed on current evaluation and
If granted the meal plan modification, describe	how you will eat th	aroughout the academic year:
This document and the information contained herein is necessary to carry out appropriate and reasonable accomdiscuss my request with the appropriate BSC personnel	modations. By signing	below, I authorize the Office of Accessibility to
Student Signature:		Date:

Part II: To Be Completed by Licensed or Properly Credentialed Professional Student Name: _____

Student Name:	
Student's relevant medical diagnosis or religious beli	ef:
_	
This condition is: ☐ Temporary ☐ Permanent	
Describe symptoms the student current experiences system of belief:	or reason dietary restriction is required as part of the
How is the requested accommodation related to and	I supported by the current diagnosis or held beliefs?
Please provide any additional information you believ	ve to be helpful when evaluating this request:
_	
	is required. Documentation guidelines are provided on I Residential Accommodations handout provided to the
Please place Health Care Professional's stamped con	ntact information below (if appropriate):
	Professional's Name:
	Professional's Phone:
	Professional's Signature:

Birmingham-Southern College is committed to providing equal opportunities for our students. The Director of Accessibility, Coordinator of Accessibility, Director of Residence Life, Director of Dining Services, and Director of Health Services, in consultation with one another and in a confidential manner, will consider the following questions when reviewing the accommodation request:

- Does the information submitted clearly demonstrate the student is eligible for a modification due to a disability, as defined under applicable law or a religiously held belief?
- What is the relationship between the disability or belief and the modification requested?
- Are the modifications requested necessary in order for the student to live in a residential environment?
- Can Birmingham-Southern College accommodate the student's needs with the available facilities?