Meal Plan Waiver Procedures

Clark University has the following meal plan requirements:

- Students in Traditional and Suite Lifestyle Housing are required to be on a meal plan and must choose between the All Access, 15, 12, or 10 Meal Plans.
- Second year students living in Apartment Lifestyle Housing are also required to be on a meal plan but they can select the 100 Block or 5 meal plan in addition to the ones listed above.

Waivers to the meal plan are very rare and are limited to the following circumstances:

- Students studying abroad
- Medically prescribed diets which cannot be provided by Clark University dining services

Waivers will not be granted for the following:

- Financial hardship (please discuss any financial concerns with the Office of Financial Assistance)
- Class, sports, or employment schedules
- Religious reasons
- Vegetarian/vegan/organic diets
- Lactose intolerance
- Gluten free diets
- Common food allergies
- Food preferences, likes or dislikes

Students with food allergies or specific dietary requirements must discuss their needs with the Manager of Dining Services before requesting a meal plan waiver. It is the goal of Clark Dining Services to meet the needs of every student required to be on a meal plan. In very rare cases, a student may have medical or dietary requirements that cannot be accommodated by Dining Services. In such cases, the student may request to be waived from the meal plan. Dining Services is committed to assisting students with food allergy needs and is a member of the Food Allergy & Anaphylaxis Network’s (FAAN's) College Network (see faancollegenetwork.org).

**Meal Waiver Process**

Students requesting a meal plan waiver for medical or dietary reasons should submit their request for a waiver in writing to the Business Manager’s office prior to the start of the semester. Requests must be accompanied by documentation prepared by a physician. The physician’s documentation must include:

- A current statement of the diagnosis and date of onset
- A summary of the procedures and test results used to arrive at the diagnosis
• An explanation why the Dining Services menu with self-selection is detrimental to the student’s health
• The diet/diets recommended for this student
• An estimate of the length of time that this treatment will be necessary

The physician’s documentation should be on letterhead, dated and signed by the physician. The Director of Health Services will review the documentation and may contact the physician directly to clarify any questions.

The student’s request will be reviewed by the Meal Waiver Review Committee, consisting of the Business Manager, Manager of Dining Services, Director of Residential Life and Housing, Director of Student Accessibility Services, and the Director of Health Services. Only if the Committee determines that the specific medical needs of the student cannot be met by Dining Services will a waiver be granted. The Committee will make every effort to make a decision in a timely manner. The decision of the Meal Waiver Review Committee will be final and will be communicated to the student via email. Meal plan waivers are granted on a semester-by-semester basis unless otherwise noted.

To request a waiver or modification to the meal plan requirement, please complete the form below and submit it along with the required medical documentation.
Meal Plan Waiver/Modification Request

Name:____________________________________________  Clark ID #:____________________________

Class:_______________________ Email Address: ________________________________________________

Clark Residence: ____________________________________________________________________________

Explain what type of change you are requesting (full waiver of meal plan requirement, alternate meal plan, etc.):___________________________________________________________

Describe why you are requesting a meal plan waiver or modification:

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Please submit this form, along with the required medical documentation to:

Business Manager
Clark University
950 Main Street
Worcester, MA 01610

day:___________________
morning:_________________
evening:_________________

email: pwykes@clarku.edu

fax: 508-793-7500