

Dining Plan Wavier Request Policy:

The University of Wisconsin La Crosse Dining Plan Policy states:

All students living in the Residence Halls are required to participate in a dining plan. This is a requirement of the Wisconsin Board of Regents and is an integral part of the students' college experience.

Reason an Exemption will be considered:

- There is a Documented Medical or Dietary condition that cannot be accommodated by dining services.

Reasons an Exemption will not be considered:

- Request is submitted after three weeks prior to the start of the semester. Exception to this is if a recent condition has been diagnosed that can be supported by a licensed medical physician.
- Documentation is not supported by a licensed medical professional such as a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Psychiatrist, or Certified Physician Assistant (PA –C) or a similar licensed professional. These conditions require the expertise of a qualified medical professional and are considered to be in the medical domain.
- Situations such as:
 - Hours of service do not fit into my schedule, I have a job, I have an internship, or I am student teaching.
 - I don't like the food. My lifestyle conforms to a vegan or vegetarian diet.
 - Cost of the meal plan. I do not use all my meals.

Exemptions are made solely on documented health conditions that require special diets that cannot be accommodated by UW-La Crosse Dining Services.

Instructions:

1. Complete exemption form and send it to the UWL Card Office via email uwlcardservice@uwla.edu or mail it to 521 East Avenue North Attn: Dining Plan ID Card Office, La Crosse, WI 54601 **no later than three weeks prior to the start of the semester**. Meal plan exemption forms submitted after that date will not be considered until the following semester.
2. Submit supporting documentation from licensed medical professional to the Disability Resource Center (DRC). This documentation is required for the exemption to be considered. Documents must contain the following information:
 - a. Letter must be typed on letterhead and signed.
 - b. Information from medical professional must include medical diagnosis, including date of onset and any details related to dietary restrictions resulting from diagnosis.

No request will be considered until all the required information has been provided. A new request must be submitted each academic year.

Once medical documentation and the meal plan exemption form have been submitted, you may be required to meet with UWL Dining Services Registered Dietitian and a member of the University Centers Staff. At this meeting you will need to be prepared with a detailed list of specific dietary requirements and a three-day sample menu. If there are additional questions, you may be asked to complete a release of information for the UWL Dining Services Registered Dietitian to contact your medical professional.

If your special diet can be accommodated by UW-La Crosse Dining Services, your exemption will not be granted. UW-La Crosse Dining Services is supported by a Registered Dietitian who consults with students on an individual basis to accommodate special dietary needs.

The Director of University Centers will communicate a final decision regarding the request within a reasonable timeframe.



Dining Services

3200 Student Union
1725 State Street
La Crosse, WI 54601
608.785.8891
uwlcards@uwlax.edu
www.uwlax.edu

Information regarding meal plan exemptions can only be discussed with the student filing for the waiver due to the medical documentation that is provided.

Dining Plan Exemption Form:

PLEASE PRINT

Name: _____ Student ID #: _____

Current Address: _____ Current Phone #: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Which dining plan are you on? _____ Cumulative Credits at UWL: _____

Exemption Request for: Academic Year _____ Fall Only _____ Spring Only _____

Residence Hall on Campus _____

Has medical documentation been submitted to the DRC? Yes ____ No ____

Reason for request:

Note: Please provide dietary requirements in as much detail as possible to allow the best assessment of your request. Attach additional pages if the form does not allow adequate space for the necessary details.

Office Use Only:

Exemption request: ☐ Approved ☐ Denied

Reason:

Notes:

Signed _____ Date _____

Student has been notified on: _____



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Medical Statement for Students Requesting Dietary Accommodations for Medical Reasons
THIS DOCUMENT NEEDS TO BE RETURNED TO THE UWL ACCESS CENTER WHEN STUDENTS REGISTER

Student Name	Student DOB
Campus Address and Phone Number	Campus E-mail
Permanent Address	Emergency Contact Info
Medical Doctor Name	Medical Doctor Address and Phone Number

Food Allergies and Medical Conditions (please check all that apply)
Food Allergy To: ☐ Dairy ☐ Eggs ☐ Fish ☐ Peanuts ☐ Shellfish ☐ Tree Nuts ☐ Soy ☐ Wheat ☐ Other (please specify):
Other: ☐ Celiac Disease ☐ Gluten Intolerance ☐ Lactose Intolerance ☐ Other Medical Condition Requiring Dietary Accommodations (please specify):

Diet Prescription: Foods Omitted and Substitutions Please list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.	
Omitted	Food Substitutions

Indicate Length of Time Special Dietary Accommodations will be required
☐ Ongoing ☐ Temporary Start Date: _____ End Date: _____

I certify that the above-named student needs special dietary accommodations as described above, due to the student's food allergies and/or medical conditions.	
Medical Doctor Signature: _____	Date: _____