

Wentworth Institute of Technology

Meal Plan Waiver Request Form

Wentworth ID: Full Name:

WIT E-mail: *You will be notified via e-mail when a decision has been made.

Please complete this form and return with the required written documentation.

For students with a medical issue, please set up an appointment with the Center for Wellness and Disability Services to review your medical documentation and determine appropriate accommodations. Appointments can be made by calling 617-989-4390.

For students seeking a waiver for religious reasons, please return the documentation outline below to the Director of Business Services in Williston Hall 301.

Please note that Chartwells Dining Services will not make any exceptions to meals or meal plans without proper documentation from Wentworth staff. Students furnishing false information as part of this waiver request are subject to disciplinary action in accordance with the Student Code of Conduct.

Please choose one of the following:

Medical: **A detailed diet prescribed by a physician must be attached to this form. A Chartwells dietician will review the diet. If the dietician is unable to accommodate the prescribed diet, a full or partial waiver will be granted.**

Date	Center for Wellness Signature	
Date	Chartwells Signature	\$ _____ Amount of Approved Waiver
Date	Director of Business Signature	

Religious **A written statement from a religious leader and detailed information on food/diet restrictions must be attached to this form.**

Date	Director of Business Signature	\$ _____ Approved/Denied
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I have read the conditions of the Meal Plan Waiver Request Form and have attached required documentation. I realize that I must reapply for a meal plan waiver each term.

Student Signature	Date
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