Meal Plan Appeal Procedure and Application

Submit this application to: Office of Procurement, Contract and Auxiliary Services, via Mail Center prior to the deadline(s) listed below. If you have questions, please contact the office at 336-734-2880.

The Board of Trustees of the University of North Carolina School of the Arts approved a policy which requires all C1 (first year) and C2 (second year) students to live on campus and participate in a board meal plan. All first and second year students living in the residence halls must subscribe to the “All-Access” Meal Plan. In the Baily Street Apartments, first and second year students must subscribe, at a minimum, to the 175 Meal Plan. C3 (third year) and C4 (fourth year) students living in the residence halls must subscribe, at the minimum, to the 175 Meal Plan. Third and fourth year students living in the Baily Street Apartments are not required to subscribe to a meal plan. Students living in the Centre Stage Apartments, regardless of classification, are not required to subscribe to a meal plan.

Students who have unusual circumstances, e.g., medical or psychological related conditions, may appeal to the Associate Vice Chancellor of Business Operations to change their meal plan. The student must outline what their unusual circumstance is as part of the appeal process and provide written medical and/or other documentation to support the request.

Supporting documentation (from an off-campus Medical Professional) should describe, in detail, the medical condition; time period of treatment, and how eating on campus may impact that condition. Additionally, a complete listing of the special dietary needs will need to be provided.

The Meal Plan Appeal Committee will review all Meal Plan Appeal Requests. This committee is comprised of the Associate Vice Chancellor of Business Operations, the Aramark Director of Dining Services, the Aramark Dietitian, and additional Faculty / Staff members of the University. Additionally, the Director of Health Services and the Director of Counseling Services will review Meal Plan Appeals when the need arises.

Once the Meal Plan Appeal Process is complete, students will be notified via their UNCSA Campus Email Address. An official letter will be emailed and placed on file with Dining Services, Student Accounts and Residence Life. All Meal Plan Appeal decisions are final. The student may submit a new request in the subsequent semester if he/she has new grounds for an appeal.
Instructions: Please read and follow the directions on this form carefully. You must indicate the appeal option that most accurately describes your case by checking the box next to the appeal option. The Meal Plan Appeal Committee will carefully deliberate your case using your appeal documents and other University information. The Meal Plan Appeal Committee will determine if your case substantiates elimination or a reduction of your meal plan.

Please note that:

- You may not re-appeal; Meal Plan Appeal decisions are final.
- You must be clear in your explanation and submit all necessary documentation to substantiate your appeal. Failure to provide the indicated documentation will result in the denial of your appeal.
- Correspondence regarding your appeal is through your student UNCSA email account.
- Email and phone requests are not accepted in lieu of this form.
- Meal Plan Appeals that are granted are good for only the Academic Semester / Year granted. Students must re-apply each year for changes in Meal Plan.
- Your current meal plan will remain active unless stated otherwise by the Meal Plan Appeal Committee.

Submit this form to: Office of Procurement, Contract & Auxiliary Services, Via UNCSA Mail Center, 1533 S. Main Street, Winston Salem, NC 27127 before the deadline date. Should you have any questions, please contact the Office of Procurement, Contract & Auxiliary Services at (336) 734-2880.

Requestor Information
(Please Print Clearly)

Name: ____________________________________________ #: ____________________________
Last Name                                                First Name                      M.I.            Banner ID #

Permanent Address: ________________________________________________________________

City: __________________________________________ State: ___________________________ Zip Code: __________

UNCSA Email: __________________________________________ Contact Telephone: (       ) ___________________

Current Class Standing: ☐ First Year (C1)            ☐ Second Year (C2)          ☐ Third Year (C3)          ☐ Fourth Year (C4)

I am appealing to ☐ Be Removed from the Meal Plan Entirely    ☐ Reduce to 175 Meal Plan

This appeal is for the following semester(s): ☐ Fall Semester  ☐ Spring Semester

I currently have a: ☐ 175-Meal Plan                ☐ “All Access” Unlimited Meal Plan

Please describe below your reasons for requesting change and/or release from the meal plan. Be as thorough as possible. You may attach additional pages if needed.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Appeal Option #1: Special Dietary / Medical Needs

To appeal under this option, you must:

(1) **submit a signed letter from your physician indicating your dietary needs.** Physicians should indicate your specific dietary concerns. For example: Patient X is allergic to shellfish, peanut butter, and milk. The letter should also contain your physician's professional contact information. It is your responsibility to ensure that all waiver forms are signed so that your physician can freely discuss your appeal with our office. If we are not able to speak directly to your physician to verify the rationale of your appeal, your appeal may be denied.

(2) **meet with the Aramark Director of Dining Services and the Nutritionist to discuss your request.** You will be contacted after submitting your application for a time to meet.

I have met with the student named on this appeal form and discussed his / her dietary needs and the ability of Aramark to accommodate them in the Dining Hall. I have recorded the highlights of our conversation below:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Aramark Director of Dining Services or Designee ____________________________ Date __________

Appeal Option #2: Other Extenuating Circumstances

To appeal under this option, you must:

(1) **prove without a doubt what the extenuating circumstances are and how they affect your ability to eat in the Dining Hall.** You should thoroughly explain the circumstance(s) and provide as much documentation as possible. Please note that these circumstances must be extreme. Appeals for dislike of cafeteria-style food, vegan / vegetarian, etc. will not be approved. Failure to support enough documentation for your appeal may result in denial of your appeal.

(2) **meet with the Meal Plan Appeal Committee to discuss your request in person – should your documentation not be supportive enough.**

Student Notification and Signature

By signing on the line below, you are certifying that you understand the contents on this form and all the information provided to the University is true and accurate to the best of your knowledge. False information provided by student and/or others representing the student may result in a denied appeal.

_________________________________________________ ______________________
Signature of Student Date

FOR COMMITTEE USE ONLY

Does request contain Dietary or Medical Issues? _____ Y / _____ N  Sent to Health Services / Dietitian / Counseling? _____ Y / _____ N

Information from Health Services / Dietitian / Counseling attached for documentation? _____ Y / _____ N

Decision of Meal Plan Appeal Committee? ______ Approved / ______ Denied  Student Notified ______ Date: __________

Notes: ________________________________________________________________________________________________

__________________________________________________________
Signature of Associate Vice Chancellor of Business Operations or Designee: