

**MEAL PLAN EXEMPTION REQUEST FORM**  
Murray State University Food Service

Name \_\_\_\_\_ Current Date \_\_\_\_\_

Campus Address \_\_\_\_\_

SS# \_\_\_\_\_ Campus phone (if known) \_\_\_\_\_

Class standing as of this date \_\_\_\_\_

Have you read the university catalog that refers to who is eligible for meal plan exemptions? Yes \_\_\_\_\_ No \_\_\_\_\_

After reading the university catalog, are you eligible for a meal plan exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state your reason for requesting a meal plan exemption.

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\*\*Note: Use the back of the page if necessary. Include a doctor's statement if applicable.

Procedure for meal plan exemption process:

1. Completion of this form.
2. Exemption approved or denied by food service director.
- 3 Appeals for denials can be made to: Mr. Mike Young, Assistant to the Vice President for Student Affairs, Ordway Hall, Murray State University. Phone# 762-6833