UWSP has a large residential student program and part of the residential experience is participating in the Dining and Summer Conferences (DSC) meal plan. Students living in the Residence Halls (except Hyer Hall and the Suites) have a contractual obligation to participate in the DSC program. DSC is committed to offering students varied menus that fit their dietary needs. There is a large range of food choices and DSC has resources available to assist in making correct food decisions and is committed to meeting the dining needs of all students. Under extremely unusual circumstance, a student may be exempt from the meal plan.

All physical, medical, or psychological conditions are considered to be in the “medical domain” and require the expertise of qualified professionals. Students seeking a food waiver should submit this DINING PLAN EXEMPTION REQUEST form along with required supporting medical documentation provided by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Psychiatrist, or Certified Physician Assistant (PA –C) or a similar licensed professional. Students submitting a request MUST prove that they cannot receive sufficient nutrition in the dining operations on campus or that the contracted dining plan contributes to the documented conditions. It is important that documentation submitted is up-to-date, be as complete as possible and be relevant to the dining plan exemption request. The statement should include a confirmed and clear diagnosis, relevant medical history, test results that support the diagnosis, course of treatment and a description of the specific foods to be avoided or required. Exemptions are rare and made solely on documented health conditions that require special diets that cannot be accommodated by DSC.

These commonly heard reasons ARE NOT grounds for exemption:

- I do not like the food.
- I am a vegetarian or vegan or eat only raw foods.
- I have more meals that I can use.
- I do not eat all my meals.
- The meal schedule does not fit my schedule.
- I cannot afford to be on the meal plan.

The exemption form and ALL documentation must be submitted three weeks prior to the first day of the semester. Request submitted after that day will be considered for future semesters. Submission of a form does not guarantee an exemption. You may be required to meet with the DSC Registered Dietitian to discuss your exemption request. The final decision will be made by the DSC Director.

To seek a dining plan exemption, please complete the following information. All information provided with the waiver request will be kept confidential in accordance with current privacy laws.

NAME: _______________________________ ID #: __________________________ AGE: __________
YEAR IN SCHOOL: __________ EMAIL: ____________________ PHONE: __________________________
LOCAL STREET ADDRESS: _____________________________________________________________
CITY: __________________ STATE: __________ ZIP CODE: __________
EXEMPTION REQUEST FOR: ACADEMIC YEAR _______ FALL ONLY _______ SPRING ONLY _______
DETAILED EXPLANATION FOR REQUEST:
________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
By signing below, I certify that all statements made in this exemption request are true, complete and correct to the best of my knowledge and are made in good faith. I also grant permission for representatives of Dining and Summer Conferences to review documentation for purposes of evaluation applicable to this request.

Signature
Date

Submit form to: Dining and Summer Conferences, 1015 Reserve Street, DUC Rm 240, Stevens Point, WI 54481 or Dining.and.SC.Office@uwsp.edu

For office use only:

File Sent: ____________________________
Referred to: ____________________________
Approved: ____________________________
Denied: ____________________________
Decision Sent: ____________________________