



# SAINT LOUIS UNIVERSITY

## Apartment/Commuter Meal Plan Exemption Request Form

To Be Completed by Student Making the Request

Change/ Exemption Request Period: ( ) DOO 6 H P H 6 S M H L Q J 6 H P H V S M F D U G H P L F < H D U

Year in School (Check One): Freshman Junior Senior Graduate

Current Meal Plan: Flex 300

Best Contact Information Number: ( ) - SLU Email: @slu.edu

- Exemption Request Based On (check one):
  - Financial Hardship<sup>1</sup>
  - Off-Campus Internship/Student Teaching<sup>2</sup> (*Must be submitted each semester of the Internship or Student Teaching*)
  - Veteran/Non-Traditional Student
  - Other<sup>3</sup> (*such as religious dietary observations, food allergies, medical conditions*)

Reason for Change/Exemption Request in Detail:

\_\_\_\_\_