



Meal Plan Accommodation Request Form

John Carroll's Dining Services offers a wide variety of dining options capable of accommodating many different dietary needs. The goal of this process is to provide students with the tools they need to be active in the management of their allergy or food-related medical condition within the dining program. After this request form has been reviewed by Student Accessibility Services, the student may be asked to meet with dining services to discuss dining options. A registered dietician is also available in the Health Center to consult with students as needed.

John Carroll University is committed to the full participation of students with disabilities in all aspects of university life, including the dining experience. As a residential university, John Carroll University requires that all students living on campus participate in the meal plan available through dining services. Virtually all students' needs can be met through the standard meal plan options. However, students with conditions whose needs cannot be met through this process may request meal plan accommodations. This form must be completed and submitted to the office of Student Accessibility Services to request meal plan accommodations.

Part I: TO BE COMPLETED BY STUDENT

Name: _____ Banner #: _____

Email: _____ Cell Phone: _____

This is (check one): New Request _____ Renewal of a previous request _____

Requesting for (check) _____ Fall Semester _____ Spring Semester (list year)

A. Diagnosis(es): _____

B. List meal plan accommodation(s) (including specialized diet/ restrictions) you are requesting:

C. Explain how the accommodations you are requesting will impact your current symptoms:

By signing this request form you acknowledge that your requested accommodations may be shared with Dining Services to best facilitate accommodation of your dietary needs.

Student's Signature: _____ Date: _____

PART II: TO BE COMPLETED BY LICENSED PROVIDER

- A. Diagnosis(es): _____

- B. List recommended meal plan accommodation(s) including specific or specialized diet and/or restrictions:

- C. Explain how the accommodations you are recommending will help in managing him/her condition:

My signature verifies that I am a treatment/assessment professional qualified to make the above diagnosis and that the contents are accurate.

Provider signature: _____ Date: _____

Printed Name and Title: _____

Office Address: _____

Email: _____ Phone: _____

Please submit completed forms to:

**Student Accessibility Services
John Carroll University
1 John Carroll Boulevard
University Heights, Ohio 44118
Phone: (216) 397-4967
Fax: (216) 397-1820
Email: sas@jcu.edu**