Disability Meal Plan Accommodations Application

Instructions: Please complete this form, in its entirety, with details regarding your request for disability meal plan accommodations.

Submit this form, along with your medical documentation to the Student Accessibility Services via scan/email (<u>SASNYC@pace.edu</u>).

Please be in touch with the Student Accessibility Services if you have any questions.

What meal plan accommodations are you requesting (check all that apply)?

| Meal Plan Exemption |
|---|
| Meal Plan Reduction - Commuter Student Standard Plan |
| Meal Plan Reduction - Blue Residential Plan |
| Meal Plan Reduction - Graduate and Law Residential Plan |
| Other Accommodation Request: |
| Other Accommodation Request: |

Student Signature:

Date:

Outcome of those interventions:

Other information which may be useful in determining a reasonable meal plan accommodation:

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Signature (verifying that you are not related to the student by blood or marriage):