Meal Plan Reduction/Exemption Petition Procedure and Forms

All full time undergraduate & graduate Resident students and Undergraduate commuter students at Pace University are required to have a meal plan. The meal plan begins on check-in day each Fall and Spring semester and concludes on the last day of scheduled finals. Any unspent balance will carry over each semester for your entire stay at Pace. Once you leave Pace University your meal plan is nonrefundable.

Our on-site food service provider ("Pace Dining Services") is required to provide the Pace University community with convenient, diverse, and high quality food offerings. Their food service team is available to assist individuals with planning menus that address special dietary needs (i.e., students with medical conditions or religious dietary restrictions).

A student who has a medical condition requiring a special diet or religious restrictions that cannot be met by Pace Dining Services may obtain permission from Pace Dining Services and Pace's Auxiliary Services Office to cancel or reduce his/her dining plan. (*See*, the sections below regarding the Medical and Religious Requests for Meal Plan Reductions/Exceptions). If you would like information about meals that address special dietary needs or you require such services, contact your campus Dining Services Manager. Contact information for campus Dining Service Managers is available online at http://www.pace.edu/dining.

If your Dining Services Manager is unable to provide a meal plan that satisfies your special dietary needs, you may petition to the Auxiliary Services Office for a reduction/exception from the mandatory meal plan requirement, using the form at the end of this statement. After you submit the petition with supporting documentation, the Auxiliary Services Office will review all documents and determine whether the requested reduction/exception will be granted. The Auxiliary Services Office grants reductions/exceptions based on the particular facts of each case.

Note – Applications for meal plan reductions/exceptions must be submitted within the first three weeks of a semester (except in cases where a student has received a new medical diagnosis).

Note:

1. Vegetarianism is not normally considered a valid reason for Dining Plan cancellation. Vegetarian dietary requirements are carefully considered by our chefs in menu and recipe planning, and healthy vegetarian items are offered each meal period. Special information for vegetarians is available from the Pace Dining Services Office.
2. Financial need is not an allowable reason for Dining Plan Cancellation. Pace Dining Services and Auxiliary Services cannot make decisions about financial need. All financial inquires can be at the Pace University Financial Aid Office.

If the exemption is granted, Office of Student Assistance (OSA) will be notified to process a credit to the student's account. The exact amount of the credit will be a portion of your available declining balance (Meal Plan) minus funds already spent.

Automatic renewal of exemptions and reductions will be based on the type of reason for the granting of the waiver. Decisions will be made on a case by case basis.

Students seeking a reduction or exemption must submit the exception from with documentation to the following locations ***DROP OFF ONLY***:

Office of Auxiliary Services
Pace University
Attn: Clifford Mondesir
cmondesir@pace.edu
One Pace Plaza
Room Y23A
New York, NY 10038
Or
Office of Auxiliary Services
Pace University
Attn: Clifford Mondesir
cmondesir@pace.edu
Elm Hall
Room 133C
Pleasantville, NY, 10570

MAIL-IN ONLY :

PACE University
Office of Auxiliary Services
Attn: Clifford Mondesir
cmondesir@pace.edu
One Pace Plaza
Room Y23-A
New York, NY 10038

Medical Request for Meal Plan Reduction/Exemption

1. You are responsible for requesting that your health care provider completes all of the questions on the Health Care Provider documentation list and returns it to Auxiliary Services in order for this request to be considered. If the student does not have a medical provider Pace University provides Health Services located at:

All medical information and files will be kept confidential.

Pleasantville Campus:
Goldstein Fitness Center, Room 125
861 Bedford Road - Pleasantville,
New York 10570
Telephone: (914)773-3760

New York Campus:
41 Park Row, Suite 313
New York, 10038
Telephone: (212) 346-1600

2. Your health care provider's documentation must provide enough detail to allow the Director of Dining Services, and the Auxiliary Services office to make an independent judgment of the need for your request.

3. All requests will be reviewed on an individual basis. The medical provider's area of specialty should coincide with the student's medical request.

4. In addition to the necessary documentation, a personal meeting with the Director of Dining Services will be required. If the Director of Dining Service is not available then said student can meet with Dining Compliance Manager of Auxiliary Services.

5. Reduction/Exemption from the meal plan cannot be guaranteed.

6. It is important that all deadlines be met in order for a timely decision to be made.

7. During the application process for meal plan reduction/exemption your meal plan is still considered active and it is able to be used by the student. You will be charged the weekly rate whether used or not.

8. If refunds are granted, meal plans will be prorated from the time the application is approved for an exemption.

9. If you submit the application after bills are due, it is recommended that you pay for your meal plan and if you are approved for a reduction /exemption, a refund will be processed provided there is no outstanding balance on your student account.

Medical Request for Meal Plan Reduction/Exemption

DIRECTIONS FOR HEALTH CARE PROVIDER:
The Meal Plan is normally required for all on-campus residents and commuter students. Please provide information that is in enough detail to allow the Director of Dining Services and the Auxiliary Services office to make an independent judgment of the need for the student's request to be exempt from the meal plan. Please provide clear specific information and recommendations from a medical professional so that we may thoroughly evaluate the student's request for a meal plan exemption. For example, if the student's medical request is based upon an allergy, then the documentation should come from an allergist.

PLEASE NOTE: The health care provider must be an impartial individual who is not a family member.

ON LETTER HEAD STATIONERY, PLEASE TYPE RESPONSES TO THE FOLLOWING QUESTIONS:

1) What is your specialty?

2) What is the patient's condition?

3) How long have you treated this patient for this condition?

4) What specific dietary requirements are needed to treat this condition?

5) What special meal plan consideration do you recommend based upon the patient's condition? Why?

6) Please sign and forward to address below.

PACE University
Office of Auxiliary Services
Attn: Clifford Mondesir
cmondesir@pace.edu
One Pace Plaza
Room Y23-A
New York, NY 10038
Phone: (212) 346-1142 Fax: (212) 346-1497

Religious Request for Meal Plan Reduction/Exemption

1. Provide a signed letter on original letter head from an authorized religious official of a recognized religion providing the specific religious restrictions, as it pertains to dietary needs. Also, the letter is to contain the name of student, religion and to be addressed to Pace University. **Students' requests cannot be considered until this information is received.**

2. In addition to the necessary documentation, a personal meeting with the Director of Dining Services will be required. If the Director of Dining Service is not available then said student can meet with the Director of Dining Operations of Auxiliary Services.

3. It is important that all deadlines be met in order for a timely decision to be made. Late requests will not be honored.

4. During the application process for meal plan reduction/exemption your meal plan is still considered active and it is able to be used by the student. You will be charged the weekly rate whether used or not.

5. If refunds are granted, meal plans will be prorated from the time the application is approved for an exemption.

6. If you submit the application after bills are due, it is recommended that you pay for your meal plan and if you are approved for a reduction /exemption, a refund will be processed provided there is no outstanding balance on your student account.

7. Exemption/Reduction from the meal plan cannot be guaranteed.

8. Please sign and forward to address below.

PACE University
Office of Auxiliary Services
Attn: Clifford Mondesir
cmondesir@pace.edu
One Pace Plaza
Room Y23A
New York, NY 10038
Phone: (212) 346-1142 Fax: (212) 346-1497

Pace University Meal Plan Exemption/Reduction Petition Form

Use this form to explain why you are applying for a meal plan exemption/reduction. Please note that all exemptions/reductions due to excess rollover require the student to have at **least 64 credits (junior standing) and a rollover amount of at least $500 dining dollars**.

Student's Name (Print)
Last: _____ First: _____ MI: _____

Student's Signature: _____ Class Yr: _____

Student's UID#: _____ Date: _____

Address: _____

Email address: _____ Telephone: _____

Meal Plan Balance: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please submit completed form to any Auxiliary Services office or the Auxiliary Services' Director of Dining Operations, Clifford Mondesir, at cmondesir@pace.edu.

Pace University Meal Plan Exemption Petition Form

Use this form only after you have **provided medical or religious dietary needs to Pace Dining Services** and they are unable to provide you with a satisfactory level of food service.

Student's Name (Print)
Last: _____ First: _____ MI: _____

Student's Signature: _____ Class Yr: _____

Student's UID#: _____ Date: _____

Address: _____

Email address: _____ Telephone: _____

Reason: Medical: Religious:

A statement as to why Pace Dining Services cannot provide you with your dietary needs:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Pace University Meal Plan Exemption Petition Form For Full-time Employees of Pace University

Use this form only if you are a **full-time employee** of Pace University and are currently enrolled in full-time credit status (12 or more) in the current semester.

Staff/Student's Name (Print)
Last: _____ First: _____ MI: _____

Staff/Student's Signature: _____ Class Yr: _____

Staff/Student's UID#: _____ Date: _____

Department: _____

Title: _____

Email address: _____ Telephone: _____

Current Department Supervisor is declaring that said Staff member is a full-time employee of Pace University.

Print (Supervisor) Name: _____

Supervisor's Signature: _____

Title: _____

Email address: _____ Telephone: _____

Reason:_____
_____
_____
_____
_____
_____
_____

Updated May 2017

Please attach all original supporting documents referred to on the Meal Plan Exemption Letter and submit to:

PACE University
Office of Auxiliary Services
Attn: Clifford Mondesir
One Pace Plaza
Room B-1-E
New York, NY 10038
Fax: (212) 346-1497
OR
Attn: Clifford Mondesir
Elm Hall
Pleasantville, NY 10570
Fax: (212) 346-1497

Section to be completed by Pace University
Date Reviewed_____ Approved_____ Declined_____

Signatures:
_____
Auxiliary Services

Declining Balance remaining: _____ Date: _____