Residents living on campus are required to participate in one of several University-sponsored meal plans. IIT Dining Services features a variety of choices intended to meet the dietary needs of the University’s diverse student body. In certain situations, a student may need to request special meal plan accommodations or, in the event IIT Dining Services cannot meet the student’s documented dietary restrictions, an exemption from the meal plan participation requirement. The process for obtaining an accommodation or exemption based on the student’s disability or health concern is coordinated through the Office of Student Affairs and involves the following:

1. The student must prepare and submit to the Office of Student Affairs a written summary of the medical factors that identify the student’s need to be exempt from a University-sponsored meal plan and have their Physician complete and submit Part II of this form detailing the specific dietary restrictions.

2. After submitting the summary, the student will be contacted by the Office of Student Affairs to schedule a meeting with the General Manager for IIT Dining Services. The purpose of the meeting is to develop an action plan to address the student’s dietary needs and to discuss a plan to reasonably accommodate his or her needs. The General Manager may include the Executive Chef in the discussion. In reviewing the student’s request, the University reserves the right to consult pertinent dietary guidelines from qualified and authoritative sources.

3. After completion of steps 1 and 2, the student will be notified of the outcome by the Office of Student Affairs.

SECTION I: TO BE COMPLETED BY THE STUDENT

Student Name: ____________________________  IIT ID: ______________________

IIT Email: ______________________________@hawk.iit.edu  Cell Phone: ____________

Please describe your dietary need and specify any medical dietary restrictions you have (attach a separate sheet if necessary):

Please describe your plan of action for obtaining meals if the meal plan exemption is approved:

By submitting this form, i) you attest that the information contained herein is true and accurate, and reflects your current dietary needs, and ii) any and all information submitted by you in connection with your request for an accommodation or exemption may be reviewed by authorized University representatives.

Signature: ____________________________ Date: ______________________
SECTION II: TO BE COMPLETED BY STUDENT’S MEDICAL PRACTITIONER

Please review the information the student has completed above; your signature provides validation of the student’s needs based on disability or medical demand. Attach to this form your statement affirming the student’s need for a meal plan adjustment and return to the student to be included with his or her request for a meal plan accommodation or exemption.

Name:_________________________________________ Position:____________________________________

Relationship to student:____________________________________________________________________

Last time you interacted with this student: _______________

Phone:__________________________ E-mail: _________________________________________________

Address:______________________________________________________________________________

Signature:_________________________________________________Date: _______________________

Please note:

• This request is valid for the academic year for which it was signed.
• Submitting this request form will begin a review process that could end in the following ways: 1) the request for a meal plan exemption will be approved; 2) the request for a meal plan exemption will be denied; 3) a meal plan may be created for you by the IIT Dining Services staff that will satisfy the restrictions documented with reference to your request form.
• It is a violation of IIT’s Code of Conduct to submit false information on this form. Students who do so may be subject to IIT’s disciplinary process.

COMPLETED FORMS SHOULD BE SUBMITTED TO THE OFFICE OF STUDENT AFFAIRS:

Illinois Institute of Technology
Office of Student Affairs
3201 S. State St., MTCC 209
Chicago, IL 60616
dos@iit.edu