



University Glen Corporation
45 Rincon Drive, Suite 104-A
Camarillo, California, 93012

805-437-2667 Office
805-437-2681 Fax

University Glen Hospitality Services Residential Meal Plan Exemption Request Form

CSU Channel Islands Housing and Residential Education requires a meal plan for all residents. It is in the most extreme situations that a student would be exempt from this mandatory meal plan. Meal plan waivers will not be granted for reasons of non-essential requests or dislikes, nor are they granted on the basis of finances.

The following are the accepted reasons for a meal plan exemption, so long as the request is supported by the appropriate evidence:

- Religious or Cultural Beliefs
- Dietary Needs

Please Attach:

- A letter requesting release from the Residential Dining Program which describes the circumstances.
- Dietary needs exemption requestors please also provide a letter from your physician describing your dietary condition. Include your name, student ID number and housing village.

Process for Meal Plan Exemptions

All meal plan exemption requests must be turned in to the Housing and Residential Education office. For the fall semester requests must be submitted by July 1 and for the spring semester by December 1.

Once a request has been received, the Housing and Residential Education office will forward the request to University Glen Corporation Hospitality Services. UGC Hospitality Services will then contact the student and schedule a meeting with the Executive Chef and/or UGC Staff.

Once a decision is made, the student will be notified by the office of Housing and Residential Education via email to the address on file. If the student has been granted an exemption, charges for the meal plan will be deducted from the student account.

Requests filed after the deadline will not be processed.



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Residential Meal Plan Exemption Request

Please Print:

Name: _____ Date: _____

Student ID #: _____ Village Name: _____

Phone Number: (_____) _____ - _____

CI Email: _____ @myci.csuci.edu

I am requesting release from my Residential Meal Plan Agreement. I understand that submission of this request does not constitute approval, and I remain liable for the full term of the license agreement until I have been notified otherwise. I understand that it may take up to three weeks to review my request and receive a response. I understand that approved requests will be effective no fewer than 30 days after the date of the request.

Signature: _____

For office use only

Approved Denied Effective cancellation date (end of billing term): _____ By staff member: _____

Reviewer's notes: _____

_____ Date reviewed: _____

Plan adjustments: (Residential Flex) _____ (Board) _____

Date notice sent to student by staff: Email _____ Hardcopy Letter _____ Date notation completed in Tracker: _____