



Residential Education and Housing
 Eickhoff 114
 The College of New Jersey
 2000 Pennington Road
 Ewing, NJ 08628

P) 609-771-2301
 F) 609-637-5165
 E) housing@tcnj.edu
 housing.pages.tcnj.edu

ANNUAL RESIDENCE HALL AND DINING SERVICES MEAL PLAN MODIFICATION REQUEST FORM

Residence Hall and Dining Contract Policy:

Per Section M of the Annual Residence Hall and Dining Contract: "A meal plan is required for all residential students. First and second year students must select from any of the Carte Blanche Plans while students who are at least in their third year of college must select from the Carte Blanche or A La Carte Plans. Residential students of Phelps and Hausdoerffer, who are at least in their third year of college are also eligible for the Apartment Plan. Meal points will carry from the fall semester to the spring semester, but must be used by the end of the spring semester or otherwise forfeited."

The "Annual Residence Hall and Dining Service Contract" is a binding agreement. Once the Contract is signed, the student is obligated to reside on campus for the entire academic year and is financially responsible for room and board fees for the contract period. Vacating a room, electing to commute or moving to an off-campus residence *does not qualify* as being released from the housing contract and does not make the student eligible for a room or board refund.

SECTION A: STUDENT INFORMATION

Student Name: _____

PAWS ID: _____

TCNJ Email: _____

Home Phone: _____

Cell Phone: _____

Classification: _____ (Freshman/Sophomore/Junior/Senior)

Semester: _____ (e.g. fall 2019, spring 2020, fall 2020)

Room Assignment: _____ (e.g. EK-114)

The Meal Plan Modification team is available for meetings to discuss the Meal Plan Modification process and your specific case. Would you like to schedule a Meal Plan Modification meeting?

Yes, I would like to schedule a Meal Plan Modification meeting.
 Here's my availability: _____
 (You will receive an email to confirm the date and time of your Meal Plan Modification meeting within three business days after submitting this form.)

No, I do not want to schedule a Meal Plan Modification meeting.

SECTION B: REQUESTED INFORMATION



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1. I am requesting a Meal Plan Modification due to (check one):
 - Documented Disability
 - Chronic Medical Condition (including counseling/psychotherapy, medical, etc.)
 - Food Allergy
 - Religious Beliefs
 - Other (please explain)
2. Attach a detailed letter with your signature. The letter MUST answer the following questions:
 - What significant changes in your meal plan situation occurred since the date that you signed the Annual Residence Hall and Dining Contract?
 - How does your medical situation affect your ability to continue your obligation to the “Annual Residence Hall and Dining Contract?”
 - Why is the Meal Plan Modification Request necessary based on current evaluation and documentation?
 - What steps have you taken, if any, to address the reason that you are seeking a modification request (e.g. have you met with the Dietician, have you met with the Director of Disability Support Services, etc.)?
3. Provide documentation from a certifying professional who specializes in the area of the condition or disability,* request being reported to the Office of Disability Support Services. Religious modification documentation should be submitted to the Office of Residential Education and Housing. In all cases, supporting documentation should be on the professional’s medical practice or other certifying letterhead. Supporting documentation must include:
 - A diagnostic statement including the date of the most recent evaluation.
 - The diagnostic criteria or tests used.
 - The current impact of or limitations imposed by the diagnosis.
 - Treatments, medications, devices, or services currently prescribed or used to minimize the impact of the challenge.
 - The expected duration, stability or progression of the diagnosis.
 - Credentials of the diagnosing or reporting professional, including contact information.
 - The signature of the diagnosing or reporting professional, including contact information.

**While the Department of Residential Education and Housing understands the nature of medical confidentiality and privacy laws, if a request for Meal Plan Modification is to be given full and appropriate consideration, then the above documentation and the ability to contact the certifying professional may be essential. It is the responsibility of the student to notify the certifying professional’s office of the need for the above information and to provide that office with any required privacy release documentation.*

SECTION C: PROCEDURE FOR A MEAL PLAN MODIFICATION REQUEST

This form, your detailed letter and all relevant non-medical documentation must be submitted to our office at the same time. Any MEDICAL meal plan documentation acquired as part of this process must be sent to the Director of Disability Support Services. This form is available in the Office of Residential Education and Housing, or the Office of Disability Support Services or by obtaining the form online at <https://differingabilities.tcnj.edu/> This information will be shared among the members of the Contract Modification Committee and will be maintained as an education record subject to privacy protection under FERPA. **Provided that the materials submitted are complete, students can expect a decision**



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within 5-10 business days from the date received by our office. However, if further information is needed or if a conference is necessary to discuss your Meal Plan Modification request, you will be contacted by the Meal Plan Modification Committee, potentially delaying the time needed for the committee to make its decision. All decisions will be sent to the student's TCNJ email address. The Meal Plan Modification Committee works to explore all appropriate options available to make modifications. There may be suggestions, options, resources available that the committee may suggest and that the requestor may not be aware are available to help your support your needs.

Meal Plan Modifications are granted on a case by case basis. This request is valid for one academic year, beginning with the Fall term and ending at the conclusion of the Spring term. There may be times that the committee may allow for an extension of the one year modification, but that will be determined on a case by case basis.

Note: All approved housing or meal plan refunds will be processed by the Housing office. Any financial adjustment will be reflected in PAWS within 5-10 business days.

ACKNOWLEDGEMENT

By placing my initials next to each statement, and signing below, I acknowledge and accept the following:

1. ___ I have read this form in its entirety.
2. ___ I understand that this is a request for a Meal Plan Modification and that the Meal Plan Modification may not be granted.
3. ___ I verify that all the information I submitted is true and accurate and I understand that the Meal Plan Modification Committee has the right to seek clarification from other campus departments regarding my request for a Meal Plan Modification.

Student Signature : _____

Date: _____

FOR OFFICE USE ONLY

Received Date: _____

Release Request Status: Approved Declined

Release Approval Signature: _____ Effective Date: _____



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Religious Meal Plan Modification Request Form

Office of Residential Education and Housing

Eickhoff Hall Room 114

609-771-3455

For the Religious Official completing this form:

Please attach a copy of your business card to this form or provide a signed statement on letterhead verifying that you are the Religious Official completing this form.

Is this student a current member of your house of worship? Yes ____ No ____

If yes, length of time the student has been affiliated: _____

If no, please provide supporting information that would verify the student's active practice of this religion:

Is there a specific diet associated with this religion? Yes ____ No ____

If yes, please describe the religion based dietary needs, practices or requirements of the student:

Religious Officials Signature: _____ Date: _____

Address: _____

Contact Email: _____ Contact Phone Number: _____