



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

P) 609-771-2301
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housing.pages.tcnj.edu

ANNUAL RESIDENCE HALL AND DINING SERVICES MEAL PLAN MODIFICATION REQUEST FORM

Fall 2021 - Spring 2022

Residence Hall and Dining Contract Policy:

Per Section 4 of the Annual Residence Hall and Dining Service Contract: A meal plan is required for all residential students. First and second year students must select from any of the Meals per Week Plans while students who are at least in their third year of college must select from the Meals per Week 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. Provided that a student has a meal plan in the spring, meal points from the fall will be carried over but they must be used by the end of the spring semester or otherwise forfeited.

SECTION A: STUDENT INFORMATION

Student Name: _____

PAWS ID: _____

TCNJ Email: _____

Home Phone: _____

Cell Phone: _____

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

Semester: _____ (e.g. Fall 2021)

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. Please note that all Meal Plan Modification meetings will be held virtually for the fall 2021 semester.

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. If a student declines a meeting the committee will make a decision based on information provided or not provided in this modification request. Please note that the meal plan modification committee may request a meeting with the student at any time for information gathering purposes.

SECTION B: REQUESTED INFORMATION

1. I am requesting a Meal Plan Modification due to (check one):
 - Documented Disability
 - Chronic Medical Condition (including counseling/psychotherapy, medical, etc.)
 - Food Allergy
 - Other (please explain e.g. religious)
2. Attach a personal statement with your signature. Some points of consideration for your personal statement may include, but are not limited to:
 - What significant changes in your meal plan situation occurred since the date that you signed the "Residence Hall and Dining Contract"?
 - How does your medical situation affect your ability to continue your obligation to the "Residence Hall and Dining Contract"?
 - Why is the Meal Plan Modification Request necessary based on any updated or new 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 Accessibility Resource Center (ARC), etc.)?
3. If available, provide documentation from a certifying professional who specializes in the area of the condition or disability,* request being reported to the ARC. Supporting documentation should be on the professional's medical practice or other certifying letterhead. Suggested points for your Health Care provider to expand upon in supporting documentation may include, but not limited to:
 - A diagnostic statement.
 - 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.



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- 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 necessary. 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. Any medical information is to be sent directly to the Director of the Accessibility Resource Center (ARC).*

SECTION C: PROCEDURE FOR A MEAL PLAN MODIFICATION REQUEST

This form, your supporting documentation 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 ARC. This form is available in the Office of Residential Education and Housing <https://housing.tcnj.edu>, or the ARC or by obtaining the form online at <https://arc.tcnj.edu/> This information will be shared among the members of the *Meal Plan 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 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 support your needs.

Meal Plan Modifications are granted on a case by case basis. 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.

***The Meal Plan Modification Committee is composed of the Director of the ARC, Dining Services Dietitian, and the Executive Director of Auxiliary and Contract Services. Depending on the scope of the request additional TCNJ or Dining Services staff may be invited to the discussion.**

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. If a refund is granted, check processing times may be a little longer.



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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: _____

Request Status: Approved Declined Pending

Approval Signature: _____ Effective Date: _____