



**Dietary Accommodation Request Form**

Christendom requires that all resident students have a full meal plan, and we are committed to offering a wide range of options to meet your health needs. If you have special dietary and/or nutritional needs, a variety of options and customized menus are available for you. If we are unable to accommodate your needs, then you may qualify for exemption from the meal plan.

Please complete this form and submit it to the Director of Student Support Services. After reviewing the form, the Director will set up a meeting with you to discuss your dietary and nutritional needs and the accommodations offered by the College. If your request is approved, the Director will provide you with an eligibility letter detailing your specific dietary accommodation plan.

Please note the following requested timeline for dietary accommodation requests:

- Fall semester: July 1
- Spring semester: November 1

Please note that dietary accommodations are effective for one academic year. Re-application is necessary to continue accommodations. It is the responsibility of the student to contact the Director of Student Support Services if they feel their dietary accommodation needs are not being met.

**STUDENT INFORMATION: (completed by student)**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**MEDICAL INFORMATION: (completed by diagnosing medical professional)**

1. What is the diagnosis? When was the student diagnosed?  
\_\_\_\_\_  
\_\_\_\_\_
2. How does the condition interfere with the student's daily living and eating?  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the student prescribed an EpiPen? \_\_\_\_\_



4. Is cross-contamination a concern in meal preparation? If so, please describe the level of concern: \_\_\_\_\_  
\_\_\_\_\_
5. Please **attach** a prescribed dietary plan with recommended accommodations, including recommended foods as well as foods to avoid.

PROVIDER INFORMATION: (completed by diagnosing medical professional)

Signature \_\_\_\_\_

Print Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

State of License \_\_\_\_\_ License No. \_\_\_\_\_

Email \_\_\_\_\_

Once completed, please email this form to the Director of Student Support Services:  
[maribeth.kelly@christendom.edu](mailto:maribeth.kelly@christendom.edu)

Office Use Only:

\_\_\_\_\_ Request denied (Needs met by current food services)

\_\_\_\_\_ Accommodated Meal Plan (Needs met by specially prepared food)

\_\_\_\_\_ Meal Plan Exemption (Needs cannot be accommodated by food services)

Signature of Head Chef: \_\_\_\_\_

Signature of Director of Student Support Services: \_\_\_\_\_

Date: \_\_\_\_\_