Disability Meal Plan Accommodations Application

Instructions: Please complete this form, in its entirety, with details regarding your request for disability meal plan accommodations.

Submit this form, along with your medical documentation to the Student Accessibility Services via scan/email (<u>SASNYC@pace.edu</u>).

Please be in touch with the Student Accessibility Services if you have any questions.

	Meal Plan Exemption	
	Meal Plan Reduction - Commuter Student Standard Plan	
	Meal Plan Reduction - Blue Residential Plan	
	Meal Plan Reduction - Graduate and Law Residential Plan	
	Other Accommodation Request:	
	Other Accommodation Request:	
S	Student Signature:	Date:

What meal plan accommodations are you requesting (check all that apply)?

Outcome of those	interve	entions	i:							
Other information	which	may b	e useful	in de	termining	a reas	onable	meal pla	n accom	ım odation:

Signature (verifying that you are not related to the student by blood or marriage):