



Faulkner University

A CHRISTIAN UNIVERSITY

Meal Plan Accommodation Form

Center for Disability Services: Project Key

Printed name of student: _____

Faulkner Student ID: _____ Date of request: _____

Faulkner e-mail address for student: _____

I am currently a: Freshman Sophomore Junior Senior

I will be or am living in campus housing: Yes No

Faulkner University policy

“All on-campus residents are required to purchase a 14 or 20 meal per week plan. Meal plans may be used at the J.L. Perry Cafeteria or the Grille, which offer a variety of hot entrees, sandwiches, salads or snacks” (Retrieved from <https://www.faulkner.edu/undergrad/student-life/living-on-campus/>).

Procedure

- If a student has a diagnosis that requires special diets and/or special care through dining services;
- If the student cannot meet the needs of said special diet through self-choice; and
- The student has had the request for accommodations filled out by the student’s doctor and submitted to the Center for Disability Services: Project Key
- The Director of Disability Services, a representative from Dining Services, and the student will work collaboratively to create reasonable and appropriate accommodations for the student.

I authorize my physician to provide additional information concerning my diagnosis / diet to the appropriate Faulkner University personnel. Yes No

To be completed by the physician

Diagnosis: _____ Date of onset: _____

Please explain why the regular menu, provided on campus and using the student’s personal choice of food, is detrimental to your patient’s health. _____



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A C H R I S T I A N U N I V E R S I T Y

What special diet(s), if any, do you prescribe for your patient? _____

Does your patient have difficulties with any of the following food types?

Food item	No difficulties	Intolerance	Allergy	Medical
Dairy				
Eggs				
Fish				
Gluten				
Ground nuts				
Milk				
Shellfish				
Soy				
Tree nuts				
Wheat				

Please estimate the length of time that this diet is necessary: _____

Printed name of physician: _____

Date this form was completed: _____

Contact information:

Address: _____

Phone number: _____ Fax number: _____

Physician's signature: _____

Please return to:

Faulkner University
Attn: Director of Disability Services
5345 Atlanta Hwy
Montgomery, AL 36109
Phone number: 334-386-7185
Fax number: 334-386-7124