

**Furman University**  
**Request for Meal Plan Exception**

**Student's Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

I am currently a:    **Freshman**        **Sophomore**        **Junior**        **Senior**

I have discussed my needs with Dining Services     **No**     **Yes**    **Date** \_\_\_\_\_  
If yes, please indicate agreed upon plan \_\_\_\_\_

I authorize my physician to provide additional information (if necessary) concerning my diagnosis/diet to the appropriate Furman University personnel

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**To be completed by physician**

Diagnosis \_\_\_\_\_ Date of onset \_\_\_\_\_

Summary of the procedures and laboratory results used to arrive at the diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why the regular menu with self-selection is detrimental to your patient's health.

\_\_\_\_\_  
\_\_\_\_\_

What special diet/diets do you recommend that this student follow? (Please attach a copy of the diet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like for your patient to receive guidance in how to select food appropriate for his/her diet?     Yes     No

If not, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimate the length of time that this diet is necessary. \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Please send all documentation to:**

Disability Services  
Furman University  
3300 Poinsett Highway  
Greenville, SC 29613  
Phone: 864-294-2322  
Fax: 864-294-3044

---

**FOR FURMAN USE ONLY**

Term/Year: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Date received \_\_\_\_\_ Date review completed \_\_\_\_\_ Reviewed by \_\_\_\_\_