

REQUEST FOR MEAL PLAN PERIOD ACCOMMODATION

Meal Plan Policy Statement:

All Rhode Island College Students residing on campus are required to carry one of the RIC Resident Dining Meal Plans. <https://www.ric.edu/department-directory/college-dining-services/meal-plans>

Students are provided access to each meal period (Breakfast, Lunch, Late Lunch, and Dinner) using a meal swipe up to the total entries per week defined by their plan. A meal swipe carries a retail equivalent up to eleven dollars (\$11.00) per transaction, per meal period for eligible purchases.

Premium bottled beverages, pre-packaged retail snacks and entrees, and purchases beyond the eleven-dollar value may be purchased with the Flex Points included with each meal plan or with Dining Dollars that can be added to a student's account.

One Meal Swipe is allowed per meal period, up to three meals daily.

Students who are unable to attend regular meal service due to scheduling conflicts may access meals to-go, prepared and available for pick up at a pre-determined time via the GET APP / Never Miss A Meal Program.

In rare cases, students with a verifiable class, athletic or clinical rotation conflicts that prevent a reasonable meal attendance may apply for a plan period exception.

Applications for a meal period exception may be made by completing the attached form, submitting it with a copy of your class schedule / college obligation schedule to mealplanaccommodationrequest@ric.edu

The exception committee will meet to determine your eligibility and respond with a decision on accommodation within 5 business days.

REQUEST FOR MEAL PLAN PERIOD ACCOMMODATION

Student Name _____

Student ID _____

Please describe the reason for a Meal Plan Period Accommodation:

- Attach a copy of your schedule including verifiable class, collegiate activity, athletic and clinical rotation schedules and related supporting documentation.

I acknowledge I am applying for a meal plan accommodation due to a legitimate and verifiable conflict. I further acknowledge that not all requests will be granted and my request will be reviewed and a decision determined by the Meal Plan Accommodation Request Committee within 5 business days of this application.

Signature: _____

Date: _____

Email your completed application along with official class, collegiate activity or medical rotation schedules to mealplanaccommodationrequest@ric.edu