Medical Request for Meal Plan Reduction/Exemption

DIRECTIONS FOR HEALTH CARE PROVIDER:

The Texas A & M University-Corpus Christi Meal Plan is required for all on-campus resident students. Please provide information in enough detail to allow the Director of Dining Services to make an independent judgment of the need for the student's request to be exempt from the meal plan. Please provide clear specific information and recommendations from a medical professional to thoroughly evaluate the student's request for a meal plan exemption.

For example, if the student's medical request is based upon an allergy, then the documentation should come from an allergist. PLEASE NOTE: The health care provider must be an impartial individual who is not a family member.

Provide information on letterhead stationery with the following information on the questions below:

1. Student/Patient Name
2. What is the patient's condition?
3. How long have you treated this patient for this condition?
4. What are the specific dietary requirements needed to treat this condition?
5. What special meal plan consideration do you recommend based upon the patient's condition? Why?
6. Please sign and forward it to the address below.
   Texas A & M University-Corpus Christi
   University Services
   Meal Plan Waiver, Director
   university.services@tamucc.edu
   6300 Ocean Drive Unit 5734
   Corpus Christi, Texas 78412
   361-825-5710