

Student Please Complete

The University of Mary contracts with University of Mary Dining Services to provide on-campus dining services for students. The Allergies Avast station within the University Dining Center offers special dietary options available to all students. This station features items made without the top nine allergens (peanuts, tree nuts, eggs, fish, shellfish, milk, wheat, sesame, and soy) as well as gluten.

Students who follow a special diet are invited to discuss their needs with our Resident Dietitian at (701) 355-3787. The Resident Dietitian and student will meet to develop a plan for the student's dining needs. Special dietary plan can include but are not limited to vegetarian, kosher, keto.

Requests for dining accommodations are granted when the student has submitted documentation to the Resident Dietitian from a medical provider stating the student's need for a medically necessary special diet (e.g., bariatric surgery, Venus tongue malformation). With appropriate documentation, the student and the Resident Dietitian can develop an appropriate dietary plan accommodation.

Exemptions to the requirement to purchase a meal plan are granted only if the student's needs cannot be accommodated by the University of Mary dining services (e.g. POTS diet, multiple allergens beyond the top nine). If the student's needs cannot be met, the student must also register with Student Accessibility Services.

Applications for dining accommodations should be made as soon as the student has decided to attend the University of Mary; 30 days before the start of the academic year. The University of Mary engages in an interactive process to review all requests for accommodations on a case-by-case basis .

Student Name _____ **ID#** _____ **Date** _____

Class Freshman Sophomore Junior Senior Grad Transfer Non-degree seeking

Cell Phone _____ **U-Mary Email** _____

Major(s) _____ **Advisor(s)** _____

Residence Hall _____ **Room Number** _____ Not yet assigned

Disabilities and Accommodations

I am requesting a special diet plan a medically necessary dietary accommodation or an exemption from a dining services meal plan.

Please list any food allergies or medical conditions that have an impact on your ability to utilize campus dining. It is necessary to supply supporting documentation to support this request.

Please describe how you are affected functionally by the food allergies or medical condition noted above.

Based on your documented food allergies/medical condition, please describe the accommodation(s) you are requesting to receive. Accommodations may not be applied retroactively.

When are you seeking accommodations to be implemented? Fall Spring Summer Year _____
 I am not seeking accommodations currently.

I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejections or dismissal. I understand that I will need to provide supporting disability documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the provided information and an individualized, interactive intake meeting between the Registered Dietitian and me.

Student Signature _____ Date _____