

Auxiliary Enterprises and Services 700 Park Avenue, Norfolk, Virginia 23504 PHONE:(757) 823-8085, FAX: (757) 823-8876 www.nsu.edu VALID FOR ONE SEMESTER ONLY

	MEAL I	PLAN WAIVER I	REQUEST F	ORM	
NAME:			NSU IDa	#	
STREET ADDRESS		CITY	STATE		ZIP
ΓODAY'S DATE		PHONE	EMAIL		
ROOM#		RESIDENTIAL H	ALL		
NSTRUCTIONS:	Complete this form and return along with required written documentation as outlined below. FORMS WILL NOT BE PROCESSED WITHOUT DOCUMENTATION.				
DEADLINE:	Please submit your request prior to the first day of class as you will be billed for a meal plan while your request is being reviewed. Requests will not be accepted after the deadline date. If your request is approved your bill will be adjusted for any unused portion of the meal plan. Any issues arising mid-term will be addressed on an individual basis.				
RETURN TO:	Auxiliary Enterprises and Services, 700 Park Avenue, Suite 350, Norfolk, VA 23504				
Please choose one of	the following:				
) RELIGIOUS:	partial waiver may		nentation from a re	ligious c	
Date	Signature				Approved Denied
		Plan Waiver Request Folan waiver each semeste Print Name			quired documentation. I tarized prior to being Date
NOTARY SEAL		Notary Signature			