The University of Mary contracts with Chartwells to provide on-campus dining services for students. Chartwells offers special dietary options, including gluten-free and vegetarian, in the University Dining Hall. Students who follow a special diet are invited to discuss their needs with the Dining Services Director, Erick Meland, ermeland@umary.edu, 701-355-8299.

Dining accommodations will be approved only for those students who are required to purchase a full service meal plan. More information may be found in the Student Handbook or in the current meal plan brochure. Exceptions to the requirement to purchase a meal plan on the basis of a disability are granted only if the student’s needs cannot be accommodated in University of Mary dining facilities.

To request dining accommodations because of a disability, students should complete this page and your medical provider must complete the remaining pages. Requests for dining accommodations are granted when the student has submitted sufficient documentation demonstrating the student has a disability and the requested accommodation is medically necessary based on the current functional limitations of the disability.

This application form must be completed in its entirety before a request will be approved. Applications for dining hall accommodations should be made as soon as the student has decided to attend University of Mary, or at least 60 days before the accommodation is needed.

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Student Name __________________________ Preferred Name __________________________ ID# __________________________

Class  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Grad  □ Transfer  □ Non-degree seeking

Cell Phone __________________________ U-Mary Email __________________________

Date __________________________ Residence Hall __________________________ Room _________ □ Not yet assigned

I am seeking accommodations beginning  □ Fall  □ Spring  □ Summer  Year __________

Requested Accommodation(s)_____________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Medical Provider Please Complete

To qualify for disability accommodations at the University of Mary, a student must have a documented disability which substantially limits one or more major life activities as outlined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act as amended. This form must be completed by the diagnosing professional, who should not be a relative of the student.

Student Accessibility Services will use your information to determine this student’s eligibility for reasonable dining accommodations at the University of Mary.

Student’s Name:                          Date of Birth:

Name and Credentials of Evaluator:

Date of Most Recent Evaluation:

Diagnosis (DSM or Medical):

Diagnostic methodology used and specific results:

Describe how this disability might limit the student functionally in relation to dietary needs, in terms of how significantly the activity is affected by the disability, the frequency with which the activity is affected, and how pervasive the disability is in the performance of the activity.

(Continued to next page)
Describe current treatments or medications and their effectiveness in relation to dietary needs. Information about any significant side effects from the current treatment or medication and its effect on physical, perceptual, behavioral, and cognitive performance is helpful.

Describe expected progression or stability of the disability including expected changes over time, information on the cyclical or episodic nature of the disability and any known suspected environmental triggers.

List recommendations for dietary accommodations and explain how each minimizes or compensates for the functional limitations of this student’s disability.

The requested accommodation(s) is/are

_____ Medically Necessary _____ Medically Beneficial (Please check one)

Attach any additional information that verifies the functional limitations of the disability.

I certify that the information submitted represents this student’s present level of functioning.

___________________________________________________________________________________________

Signature and Credentials

Print Name

Date

Organization (or attach business card)

Organization Address

Organization Phone