



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 eight allergens (peanuts, tree nuts, eggs, fish, shellfish, milk, wheat, and soy) as well as gluten.

Requests for dining accommodations are granted when the student has submitted sufficient documentation that the student's special dietary needs cannot be accommodated in the University of Mary dining facilities. Exemptions from the requirement to purchase a meal plan are granted only if the following process is followed.

THE PROCESS

Students who follow a special diet must discuss their needs with our Resident Dietitian at (701) 355-3787. The Resident Dietitian and student will develop a plan to address the student's dietary needs. When the student's needs cannot be met, the student must register with Student Accessibility Services which requires documentation that the dining accommodation is medical necessary.

The process to obtain dining accommodations should be started as soon as the student decides to attend University of Mary; a 30-day notice is preferred. The Student Accessibility Services application, documentation and Resident Dietitian's evaluation are submitted to the University of Mary Dining Committee. This committee reviews all requests on a case-by-case basis and makes the final decision regarding dining accommodations.

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

Dietary Accommodations

Please list any food allergies that impact your ability to utilize campus dining. It is necessary to supply supporting documentation to support your request for a dietary accommodation.

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

Based on your documented food allergies and functional limitations, 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 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 Coordinator of Student Accessibility Services and me.

Student Signature _____ Date _____



Medical Provider Please Complete

To qualify for dietary accommodations at the University of Mary, a student must have a documented dietary need that affects their 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.

The University of Mary Dining Committee 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 student's dietary needs might limit the student functionally. Describe known triggers for adverse reactions.

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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.

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