## Request for Meal Plan Conversion to Dining Plus

Residents who are absent from campus **seven consecutive days** or longer due to one of the reasons below may request a partial adjustment for meals missed. The adjustment will consist of a value equal to 50% of the missed meal value calculated on a per diem basis and will be deposited into the resident's Dining Plus account.

To be considered for a refund, please provide the following to Dining (North Dining Rm 201) or dining@bsu.edu):

- This completed form
- Supplemental documentation (see requirements below)

Dining must receive your request within two weeks of your return to campus.

Name		Student ID #	Date
Phone number		Email	
Local address			
Date leaving campus(Must be at least			
For what reason(s) are you rec	questing an ad	ljustment?	
Medical emergency (Must provide written statement from the treating physician			
indicating that the medical emergency warrants an absence from campus)			
University-require	d field trip (	Must provide a letter on univ	versity letterhead from the
course instructor indicat	ing trip locati	on, departure date, and retu	rn date)
Funeral and berea	vement leave	(Must provide written appro	val of leave for this purpose
from the Office of Stude	nt Affairs.)		
Military service (	Must provide a	a letter from your commandi	ng officer indicating dates
Please provide a brief explana	tion of the rea	ason you're requesting an a	djustment:
For Dining office use:	Not approved	Signature	Date
ApprovedI	Not approved	Signature	Date