Additional Information for All Students:

If you are granted reasonable meal plan accommodations, you will receive a letter (via email) from the Student Accessibility Services confirming the granted accommodation(s). It is then your responsibility to follow-up with Auxiliary Services as directed in this email.

Academic and Housing Accommodations:

Please note that the meal plan accommodations request process is separate from requests for academic and housing accommodations. Additional documentation is required for academic and housing accommodations requests and will be reviewed separately from requests for meal plan accommodations. Please contact SAS staff for any questions about this process.

Appeal Process:

If the request is not granted, you will receive an email from SAS with details of why the request was not granted and options for next steps, including the Appeals Process. If you have questions regarding the outcome of your determination, or you would like to review documentation, you may email the office to schedule an appointment with SAS staff at SASNYC@pace.edu. I 2D949h-36.48w.0q.18/1. 63 (n)-4.849 Tw 52eV

Disability Meal Plan Accommodations Application

Instructions: Please complete this form, in its entirety, with details regarding your request for disability meal plan accommodations.

Submit this form, along with your medical documentation to the Student Accessibility Services via scan/email (<u>SASNYC@pace.edu</u>).

Please be in touch with the Student Accessibility Services if you have any questions. Name: Date: Academic Status (circle): Incoming undergraduate / Undergraduate / Incoming graduate / Graduate / Transfer Rising year for academic year Fall 2025- Spring 2026: 1st year 2nd year 3rd year 4th year Email: _____ Phone: Current meal plan type: _____ What is/ are your disability(ies)? Transfer students only: Did you have meal plan accommodations at your previous institution? If so, please indicate granted accommodations. A letter from the disability services office at your previous institution must be submitted in addition to this application and medical documentation. Previous Institution: _____ Years Attended: _____ Granted Meal Plan Accommodations:

Current level of functioning and degree of impairment:
Interventions:
Medications and dosages:
Side effects experienced by patient:
Prognosis:
Suggested accommodations based on difficulties imposed by the disability:

Limitations imposed by the disability in a dining setting and how the suggested meal plan accommodations would mitigate these limitations (please be as specific as possible):
Rationale for the medical necessity of the meal plan accommodation based upon the disability (please be as detailed as possible):
Prior interventions/ strategies utilized in the past to address issues related to meal plan accommodations:

Outcome of those interventions:
Other information which may be useful in determining a reasonable meal plan accommodation:
Signature (verifying that you are not related to the student by blood or marriage):
Date:

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:

Student Accessibility Services
Pace University

163 William Street, 10th Floor, New York, NY 10038
(212) 346-1199

<u>SASNYC@pace.edu</u>

PACE UNIVERSITY

Student Accessibility Services