

Auburn University at Montgomery
Dining Services
DINING PROGRAM EXEMPTION APPLICATION

Please print in blue or black ink.

Name: _____ AUM Email: _____
Student ID Number: S _____ Permanent Phone: _____
Cell Phone(opt.): _____
Exemption Term: _____

I am requesting exemption from Auburn University at Montgomery's required participation dining program. The qualifying factor is:

___ **A. Medical Exemption:** Please attach letter fully describing your dietary circumstances and documentation by a licensed medical physician.

___ **B. Religious Exemption:** Please attach explanation from your religious counselor.

Student Signature: _____ Date: _____

Please fax application and supporting documentation to (334)394-5222 or mail to:
Senior Director of Campus Services
P.O. Box 244023
Auburn University at Montgomery
Montgomery, AL 36124-4024

It is a violation of the Code of Student Discipline to furnish false information to the University. A student who furnishes false information to the University will be required to make restitution and may face other penalties as appropriate.

Applications for exemption must be received no later than August 31 for Fall Semester and December 15 for Spring Semester.

For information regarding the required participation dining plan, please contact Campus Services at (334)244-3260 or e-mail aganey@aum.edu.

For Office Use Only

Date Exemption Application Received _____
Decision: Approved/Denied Date: _____
Signature of Dining Contract Administrator _____