Please review NYS LAW, SUNY Potsdam Policies, and PACES Policies before you submit your petition to Dining Services in Thatcher Hall.

1. No modifications will be made for purely financial reasons.

2. If you have a special medical condition that necessitates a modification or release from your meal plan contract you may submit this form. To be considered your diet must be required by a physician and your petition reviewed and signed by the SUNY Potsdam Campus Dietician (Kimberly D George, georgekd@potsdam.edu, 315-267-2624.) A letter must be attached that contains detailed lists of permissible and non-permissible foods.

3. PACES is able to accommodate many individual diets such as gluten-free, vegan, and vegetarian. Therefore, requests for exemptions due to dietary reasons are usually denied. A custom plan may be developed. We do recognize, however, that there may be extenuating circumstances under which relief from the meal plan regulations may be appropriate.

Each request for exemption is evaluated with a written decision provided by the Director of Dining Services. Appropriate college representatives will be involved in the evaluation of written requests as required. Any appeal of this decision can be made to the Executive Director of PACES by filling out an appeal form and returning to the Dining Services Office.

**NYS SALES LAW - MEAL PLANS**
- Requires a contract between the student (customer) and the service provider (PACES).
- They are non-refundable unless a student withdraws from college.
- If a refund is permitted it must be measured solely by the amount of time remaining under the contract (instead of meal or flex balances).
- They are non-transferable (for the contract holder only).
- Used only for prepared food (as in a restaurant rather than a grocery store).

**SUNY POTSDAM POLICIES**
- All campus dormitory residents must have a PACES meal plan.
- Students that have met the residency requirement AND are living in a townhouse or campus apartment (private access to full kitchen) are not required to purchase a plan.
- Students who have not met their residency requirement AND are living in a townhouse or campus apartment (private access to full kitchen) are required to purchase a residential plan (Townhouse All Flex plan is the minimum).

**PACES POLICIES**
- You can make changes to your plan until the end of day of the first Thursday of the first week of classes on BearPAWS.
- You must present your SUNYCard to the cashier to access your meal plan.
- It is the contract holder’s responsibility to manage their meal and flex credits.
- You can check your balances at any register or sunycard.potsdam.edu.
- Weekly Meal plans reset on Sunday at 2:00 a.m. Unused meals are forfeited.
- Plan balances do not “rollover” from one semester to another or to Winterim or Summer. Unused plan balances are forfeited.
- Meal Plans are in effect during the short breaks (fall & winter recesses) but not during the extended breaks (Thanksgiving and Spring recesses).
- At the end of the fall semester students will automatically be re-assigned their current meal plan option for the spring semester unless they select a different one on BearPaws.
- Meal plan selection is subject to review and audit by the SUNYCard office and is based on room assignments and completion of the residency requirement. Students who are determined to be in contradiction with these terms will be defaulted to the 14Meal Plan.
This is a petition for:

☐ An exemption from the standard meal plan policy
☐ Refund (withdrawal from college required)
☐ Release from a meal plan contract

NAME_____________________________________________________ P#______________________________________

Local College Address________________________________________ Class Year____________________________

Cell or Campus Phone #___________________________ E-Mail Address:__________________________________

Legal Home Address________________________________________________________________________________

Please state your request below. Requests must be supported and well documented (attach supporting materials, a signed physician’s letter with diet.) This documentation is critical in the review of any requests:

Date:________________________ Student Signature______________________________________________________

Date:________________________ Campus Dietician Signature____________________________________________

OFFICE USE ONLY:

Current Meal and Flex Plan: ______________________________________Date ______________________________

Decision:______Denied _____Approved ____ Director of Dining Services______________________________

Comments:_______________________________________________________________________________________

______________________________________________________________________________________________