

**NORTHWESTERN STATE UNIVERSITY***A Member of the University of Louisiana System***Auxiliary Services Office  
310 Sam Sibley Drive, Room 116  
Natchitoches, LA 71497****APPLICATION FOR EXEMPTION FROM CAMPUS DINING SERVICES**

## Instructions:

1. Fully complete and return application.
2. Attach the **required documentation** to support your request. Application for Exemption should be received before the deadline to change meal plans for the semester/year for which the exemption is requested. The deadline to request an Exemption is seven (7) days after classes begin. Application for Exemption is approved for one (1) calendar year from date of approval unless other period stated specifically. Providing false information is a violation of the NSU Code of Student Conduct and could subject the student/applicant to disciplinary action.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Student email: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Classification: \_\_\_\_\_ Athletic Scholarship Recipient: \_\_\_\_ Yes \_\_\_\_ No

Period for which exemption is requested: \_\_\_\_\_  
(Specify semester or year)Residence: *(Check one below)*  
\_\_\_\_ University Columns  
\_\_\_\_ University Place  
\_\_\_\_ Varnado Hall  
\_\_\_\_ Greek Housing  
\_\_\_\_ Off Campus**Exemption Eligibility Criteria**

Check appropriate blanks below:

|  | REASON             |  | REASON  |
|--|--------------------|--|---|
|  | Military Veteran   |  | Campus Resident with meal plan for 6 semesters or more    |
|  | Medical Problem    |  | Married, Divorced or dependent minor child                |
|  | Financial Hardship |  | Classified as a Senior                                    |
|  | Age (21 or older)  |  | Other Hardship <i>(explain fully on a separate sheet)</i> |

COMMENTS: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please e-mail completed form to the Auxiliary Services Office at [auxiliaryservices@nsula.edu](mailto:auxiliaryservices@nsula.edu) or fax to 318-357-6586*****For Office Use Only:**\_\_\_\_ Approved through \_\_\_\_\_ Semester.  
(Note expiration date. Must reapply for future exemption)\_\_\_\_ Denied.  
May appeal to Exemption Committee within 10 business days.\_\_\_\_\_  
*Auxiliary Services Designee*\_\_\_\_\_  
*Date*