



## Dining Accommodation Request Form

Glenville State College is committed to the full participation of students in all aspects of college life, including dining experiences. A dining plan is required for all residential students and offers all students unlimited access to the Mollohan's Restaurant and the Rusty Musket during operating hours. In certain situations, students may need to request special dietary accommodations. The Aramark - Dining Services office works with students to help them meet their special dietary needs and will assist students with food allergies to make their own food choices. Some food allergies and intolerances may also be managed independently within the dining facilities.

Prior to submitting a request, please review the Dining Services website at [GSC Dining Services](#), this link provides a detailed description of the services available daily to students in the dining facilities. Students with documented disabilities who believe that eating in the Mollohan's Restaurant or the Rusty Musket is not viable due to medically necessitated dietary requirements may request a meal plan accommodation by following the procedure below. The submission of the Dining Accommodation Request Form and supporting documentation does not guarantee a specific request will be granted, but rather, will assist in evaluating accommodations.

### **Procedures for Requesting Meal Plan Accommodations:**

Students are required to:

- Meet with the Accommodations and Accessibility Counselor to discuss the accommodation request process, their dietary needs, and possible options.
- Meet with Aramark management staff to discuss dining options (depending on the request).
- Complete and submit a Dining Accommodation Request Form.
- Have the Dining Accommodation Documentation Form completed by their licensed/qualified medical provider
- Ensure that provider documentation is submitted to the Accommodations and Accessibility Counselor. Please note that OAAS may ask for additional information from the student and/or their practitioner.
- Submit their application/request in a timely manner.
- Request a Dining Accommodation each year.
- Forward questions regarding the process to the Accommodations and Accessibility Counselor.

### The Meal Plan Accommodation Review Committee:

The committee can consist of members from any of the following offices: Accommodations and Accessibility Services and Aramark.

### The Committee:

- Will determine if additional information is needed to assess the requested accommodation(s)
- Will work with the student to determine what accommodation(s) would be appropriate to meet the student's needs
- Will promptly communicate its decision to the student in writing (or by email)

Please return completed forms to:

Academic Success Center  
Glenville State College  
200 High Street  
Glenville, West Virginia 26351



## Dining Accommodation Request Form

### Student Contact Information

Name: \_\_\_\_\_  
*First Middle Last*

GSC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Local Address: \_\_\_\_\_  
*Street/Residence Hall City/Room Number State Zip*

E-mail: \_\_\_\_\_@gsc.glenville.edu Cell Phone: \_\_\_\_\_

Semester Requesting Accommodation: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Academic Year

### Disability-Related Information

Please specify your disability and describe how it affects you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the specific special dietary accommodations you are requesting and how you are currently handling your dietary needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that the information I have provided in this application is accurate and true to the best of my knowledge. I understand that I must notify Accommodation and Accessibility Services in a timely fashion if I am experiencing unforeseen difficulties related to my disability. I understand that this information will be treated as confidential and used only for the purpose of determining eligibility, providing academic or other accommodations, and the administration of accommodative services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Dining Accommodation Documentation Form

**IMPORTANT**

*If this form is not used, any alternate form or letter provided by the licensed clinical health care provider must contain all information included on this form.*

Print Student/Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. The licensed clinical professional or health care provider must be an impartial third party not employed by Glenville State College and cannot be related to the individual requesting the Dining Accommodation. If the space is not adequate, please attach additional paper.*

The above person is a current or entering student at Glenville State College and is requesting a Dining Accommodation based on medical diagnosis(es). Please respond to the following questions regarding the student’s medical diagnosis to assist Glenville State College in our response to this request.

Specific disability/disorder, including when student was first diagnosed, current symptoms, how long the condition is likely to persist:

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Identify the specific limitations/impairment caused by the disability and how the limitations/impairments substantially limit one of more major life activities for this student:

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Describe the most recent treatment recommendations along with any medications that have been prescribed. (Explain in detail how the recommendations are warranted based on the disability and/or chronic health condition.)

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\_\_\_\_\_  
Physician/Clinician/Therapist Signature

\_\_\_\_\_  
Printed Name of Physician/Clinician/Therapist

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Office Telephone

**Please note:**  
**General notes or statements without a specific diagnosis and list of necessary recommendations/accommodations will not be accepted.**

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