
Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • awatson@csuniv.edu

Meal Plan Accommodation Request

To be completed by student. Please print.

Name: _____ CSU Student ID# _____

Local Address

Permanent Address

Semester and/or year to which this request applies:

Academic Year _____ Fall and Spring Fall only Spring only

Home Phone Cell Phone CSU Email

Are you a new student? transfer student? returning student?

Please list specific meal plan accommodation (s) and explain need, based on documented disability.

(Student Signature)

(Date)

Note—Applications are reviewed to ensure that the claimed disability meets the definition set by the Americans with Disability Act.

This Form and the Documentation for Meal Plan Accommodation Form must be returned to:

Office of Disability Services
Charleston Southern University
Strom Thurmond Building, Student Success Center
Mailing Address: 9200 University Boulevard
Charleston, SC 29423

Promoting Academic Excellence in a Christian Environment