MEDICAL APPEAL APPLICATION

Please review all information associated with Medical Appeals under Forms & Publications on the Emory Dining website at www.emory.edu/dining.

APPLICANT INFORMATION

Name:__________________________________     Emory ID #____________________
Mailing Address:_________________________________________________________
Email Address:___________________________      Phone Number:________________
Year in School: (circle one)  FR  SO  JR  SR       Current Dining Plan:_______
Signature:_____________________________________ Date:_____________________

APPEAL INFORMATION

Reason for Medical Appeal:__________________________________________________
_________________________________________________________________________
_________________________________________________________________________

☐ I have attached the required documentation from a doctor with my diagnosed medical condition or disability.

OFFICE OF DISABILITY SERVICES

This Medical Appeal has been reviewed by the Office of Disability Services and its recommendations are attached.

☐

Signature___________________     Date__________

AUTHORIZED

☐ Denied
Reason for denial____________________________________________________________

☐ Approved      Change to Dining Plan:_______

Sr. Director Food Service Administration _________________________________

Medical Appeals are only valid during the Academic Year in which the appeal is granted. Medical Appeals must be resubmitted each Academic Year.