

**NORTHWESTERN STATE UNIVERSITY**  
*A Member of the University of Louisiana System*  
**One Card Office**  
**Student Services Center, 3<sup>rd</sup> Floor**  
**Natchitoches, LA 71497**

**APPLICATION FOR EXEMPTION FROM CAMPUS DINING SERVICES**

Instructions:

1. Fully complete and return application to the One Card Office via email at [onecardoff@nsula.edu](mailto:onecardoff@nsula.edu).
2. Attach the **required documentation**. 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: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Classification \_\_\_\_\_ Phone 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

**For Office Use Only:**

\_\_\_\_\_ Approved through \_\_\_\_\_ Semester. \_\_\_\_\_ Denied. May appeal to Exemption Committee within 10 business days.  
 (Note expiration date. Must reapply for future exemption)

Date: \_\_\_\_\_

\_\_\_\_\_  
 Director of Auxiliary Services or its Designee

Date Notification Mailed: \_\_\_\_\_