



Pace University Meal Plan Exemption/Reduction Petition Form

Use this form to explain why you are applying for a meal plan exemption/reduction.

Student's Name (Print)

Last: _____ First: _____ MI: _____

Student's Signature: _____ Class Yr: _____

Student's UID#: _____ Date: _____

Address: _____

Email address: _____ Telephone: _____

Meal Plan Balance: _____

Return to: Zena E. Glover, MBA Compliance Mgr.
Auxiliary Services
PACE UNIVERSITY
1 Pace Plaza
New York, NY 10038
Email: zglover@pace.edu

Please attach all original supporting documents referred to on the Meal Plan Exemption Letter and submit to:



Zena E. Glover, MBA
Compliance Mgr.
Auxiliary Services
PACE UNIVERSITY
1 Pace Plaza
New York, NY 10038
Email: zglover@pace.edu

Section to be completed by Pace University

Date Reviewed _____ Approved _____ Declined _____

Signature:

Auxiliary Services

Declining Balance remaining: _____

Date: _____