

Request for Reduced Dining Dollars Contract

Hofstra Pride email: _____

First name: _____ Last name: _____

Hofstra ID #: _____ Term requesting change in contract for: _____

Select the reason for your request:

Missed deadline for dining dollars contract change (Request must be received no later than seven days past the established deadline for dining dollars contract changes or cancellations.)

Request for reduced dining dollars contract (lower than class standing requirement*)

**Class standing is determined by the number of credit hours earned.*

**Request to reduce the dining dollars contract due to:

Medical accommodation (Medical documentation must be submitted to Student Access Services at sas@hofstra.edu.)

Severe allergies (Medical documentation must be submitted to Student Access Services at sas@hofstra.edu.)

Other: _____

Please email completed form to reslife@hofstra.edu.



Residence Life

Room 126 Wellness and Campus Living Center
516-463-6930 • reslife@hofstra.edu

***Note: All requests will be reviewed on an individual basis. Submission of a request does not guarantee a release from the requirement to have a dining dollars contract.*