

**DIETARY FORM
LAMBERT and LADERA CAMPUSES**

STUDENT NAME: _____ DATE: _____
(Please print) (Last) (First)

PROGRAM	TRACK (please circle)
Depth Psychology	J
Depth Psychology	K
Depth Psychotherapy	T
Clinical Psychology	A
Clinical Psychology	B
Clinical Psychology	O
Mythological Studies	E
Mythological Studies	G
Counseling Psychology	C
Counseling Psychology	D
Counseling Psychology	L
MA Humanities	Q

Meals are ordered in advance and are served buffet style in the dining room. Three categories of special individual diets are accommodated: vegan (no meat, no cheese, or dairy), vegetarian (no meat, dairy included), and medically restricted diets with an accompanying doctor's note. Please be advised that additional charges may apply for a restricted diet.

Special meals are ordered in advance with this form. If you request special meals, your name, along with special dietary requests, are given to the kitchen staff prior your arrival. *Students with special requests are responsible for identifying themselves to the kitchen staff at mealtime.*

Please indicate your request and add comments if needed. Attach an additional sheet if necessary.

- _____ NO SPECIAL DIETARY NEEDS
- _____ VEGETARIAN (no meat, dairy included)
- _____ VEGAN (no meat, dairy, or cheese)
- _____ MEDICALLY RESTRICTED (physician's prescription required)

COMMENTS: _____

If you have requested a medically restrictive diet, please include your physician's name and telephone number along with your dietary prescription.