
MEAL PLAN CANCELLATION REQUEST

Date: _____

Student's Name (Please Print Clearly) _____

CSUN ID _____

Student's Email Address (to contact regarding this cancellation request) _____

PLEASE READ THE CANCELLATION POLICY BEFORE SUBMITTING THIS FORM.

ALL CANCEL REQUEST ARE SUBJECT TO REVIEW. YOU WILL RECEIVE AN EMAIL IF NOT APPROVED.

Please do not submit this form if your request does not fit any of the cancellation options listed below. You must speak to us regarding your request first. Unacceptable reasons include having a kitchen, financial hardship, and dietary restrictions.

Reason for Cancellation:

☐ I have decided not to attend CSUN this semester - ☐ Fall 2012 ☐ Spring 2013

☐ I have officially withdrawn from CSUN for ☐ medical or ☐ other reasons

☐ I have cancelled my on-campus housing and/or moved to an off-campus location

- If your housing cancellation request is denied, your meal plan cancellation request will also be denied. If you appeal your housing cancellation denial and it is approved, you must contact The Meal Plan Office to reactivate your meal plan cancellation request. Housing does not contact us so it is up to the student to let us know that a cancellation on appeal was approved.
- Until Housing approves your cancellation request, your meal plan will remain in effect and you will be responsible for making payments until such time that your Housing cancellation request is approved.
- You will continue to be charged for the meal plan until your Housing cancellation request is approved.

In order for your request to be approved, we must be able to verify your reason for cancelling. Because other departments are involved and need time to process your paperwork, approved meal plan cancellations can take up to 4-6 weeks to process.

Approved cancellations are subject to a \$60.00 cancellation fee as well as a charge for the number of weeks enrolled in the Meal Plan Program up to the date of cancellation and not on card usage.

Student's Signature _____

Today's Date _____

Administrative Use Only

Card Number Returned: _____

Approved

Denied

Cancellation Date _____

Comments _____

Staff Signature _____ Date Reviewed _____