

MEAL PLAN OFFICE

18111 Nordhoff Street, Northridge, CA 91330-8309

Ph: 818-677-2655

mealplan@csun.edu

M	EAL PL	AN CANCELLATION REQUEST
Date:		
<u></u>		Student's Name (Please Print Clearly)
CSUN ID	Stuc	dent's Email Address (to contact regarding this cancellation request)
	this form if your re	POLICY BEFORE SUBMITTING THIS FORM. our request does not fit any of the cancellation options listed below. You equest first.
		in and I have changed my housing assignment to a kitchen unit. (This o September 5, 2014. This is not an acceptable reason after the Sept 5 th
☐ I have decided no	t to attend (CSUN this semester - Fall 2014 Spring 2015
☐ I have officially wit	hdrawn fron	n CSUN for Imedical or Iother reasons
 If your housing of denied. If you at Meal Plan Office so it is up to the Until Housing ap be responsible fapproved. 	cancellation appeal your e to reactive student to le proves your for making p	request is denied, your meal plan cancellation request will also be housing cancellation denial and it is approved, you must contact The ate your meal plan cancellation request. Housing does not contact us set us know that a cancellation on appeal was approved. It cancellation request, your meal plan will remain in effect and you will be ayments until such time that your Housing cancellation request is
other departments are	e involved a	proved, we must be able to verify your reason for cancelling. Because nd need time to process your paperwork, approved meal plan weeks to process. Additionally, please note the \$110 initial deposit paid
towards your meal pla	an is non-ref	undable, therefore we do not offer refunds for meal plan cancellations.
weeks enrolled in the	Meal Plan P	ect to a \$60.00 cancellation fee as well as a charge for the number of rogram up to the date of cancellation and not on card usage. This fee celled prior to the start of the Fall 2014 semester.
Student's Signature		Today's Date
		Administrative Use Only
Card Number Returns	ed:	
Approved	Denied	Cancellation Date
Comments		

Staff Signature ______ Date Reviewed _____