

MEAL PLAN OFFICE

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mealplan@csun.edu

REQ	UEST TO CH	ANGE	MEA	L	P L	A	N
<u>Current Plan</u> What you currently have			<u>New Plan</u> What you want				
□ 5 Meal Kitchen Plus Plan □ 7 Meal Kitchen Plus Plan □ 10 Meal Flex 700 Plan □ 12 Meal Flex 500 Plan □ 14 Meal Flex 300 Plan			□5 Meal Kitchen Plus Plan □7 Meal Kitchen Plus Plan □10 Meal Flex 700 Plan □12 Meal Flex 500 Plan □14 Meal Flex 300 Plan				
Current Payment Me □INSTALLMENTS □PAY	t hod 'IN FULL		ew Payme NSTALLMEN				<u>d</u> IN FULL
CHANGES FROM A HIGHER TO OF THE SPRING SEMESTE	O A LOWER PLAN ARE ACCEF R. CHANGES FROM A HIGHE						
<u>Term</u> When is change goi	ng to take place?						
□Fall 2014		□S	pring 2015				
If your meal plan is being Student Accounting and no change to your month plans cost the same. Only There will only be an adjustilex Plan to the 5 or 7 Means	any refund due will be sel lly payments or refund if y y the meal swipes and Dir stment to your monthly pa	nt by CSUN ou remain on ning Dollars	and <u>not</u> the on the 10, 1 will be adju	e Me 12 or 1 usted	al Pla 14 Fle on yo	in C x Pl our	Office. There will be lans as all three meal plan card.
If your meal plan was paid application, your refund we mailed to the original pay	vill come from the Meal P						
Student's Name (Print)			Mealc	 card N	 Numb	 oer	(if available)
CSUN ID	Student's Phone Num	nber		 Dat	te of F	 ?ec	 Juest
Student's Signature	Student's CSUN Email Address (please print clearly)						