**MEAL PLAN CANCELLATION REQUEST FORM**

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| **Instructions:** Please complete the form below. Return this form to the Auxiliary Services Office or submit via email to **mealplans@asurams.edu****.** Note: This form is to be completed when you wish to cancel your meal plan, i.e., residential students moves out of housing or a student withdrawals from the University. |

**Please select the corresponding term session: \_\_\_\_FALL \_\_\_\_ SPRING \_\_\_\_SUMMER**

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RAM ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASU Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TERMS AND CONDITIIONS:**  |
| Meal Plan cancellations made during the two week grace period at the beginning of each semester will not be charged for board plan use.  Dining Dollars will not be activated until after the grace period concludes provided all fees due the University have been paid in full or authorization to activate is provided by the Bursar.  Students who cancel meal plans after the grace period will be charged a pro-rated amount based on the days the meal plan was available for use.  If the dining dollars were activated, charges will be based on the actual costs spent by the student.  Board plans purchased for use during the regular term will be pro-rated until mid-term.  After this date, no accounts will be pro-rated; students will be responsible for paying the full amount of the meal plan.  The amount of dining dollars charges will be the actual amount spent by the student until the cancellation date.  Pro-rations for cancellations of meal plans for students who make purchases for shortened sessions, i.e., A-Term or B-Term, will be allowed a grace period through the Thursday after classes begin, which is typically add/drop. Effective the Friday after classes begin, the student will be responsible for the full amount of the board plan.  Dining dollars will be assessed for actual expenditures.**Please be aware that all housing charges are required to be removed from your banner/student account prior to meal plan charges being removed/pro-rated as appropriate.**  |

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| **Reason for Removal**  |
| 🞏 | **I will not be returning to University** |
| 🞏 |  **I have moved out of housing**  |

**ACCEPTANCE OF AND AGREEMENT TO PAY FOR ADDITIONAL DINING DOLLARS PLAN:**

**I hereby agree that the above listed information is accurate and true information to the best of my knowledge. I understand that all processes for approved removal of my meal plan must be completed in compliance with University policies and procedures.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Auxiliary Services Department Use ONLY:** |
| **Removed from StarRez Account:**  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Removed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Removed from Banner Account:**  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Removed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Print Name:** |
| **Auxiliary Services Signature:** | **Date:** |