

Spring 2023

**Illinois State University**  
**Event Management, Dining, and Hospitality**  
**Meal Plan Contract Cancellation Request**

\_\_\_\_\_  
Last Name, First Name (Please print)

\_\_\_\_\_  
University ID Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Home Address (Street Address, City, State, & Zip Code)

\_\_\_\_\_  
Student Signature (**cannot be typed**)

\_\_\_\_\_  
Date

By submitting this form, you are requesting cancellation of your Meal Plan Contract for the remaining portion of your contract at the time of cancellation.

Please indicate the reason for your cancellation request:

- I am moving out of the residence halls
- I do not live in a residence hall AND have not used my meal plan (meals or flex dollars)
- I am withdrawing from Illinois State University
- I will not be attending Illinois State University
- I am transferring to another institution

Event Management, Dining, and Hospitality will verify your request for cancellation complies with the University's On-Campus Housing Policy and the University Housing and Meal Plan Contract Terms and Conditions. **If you are deemed ineligible for cancellation, you will be notified and your contract along with any associated costs will remain active.**

If you are eligible to cancel your meal plan contract, your cancellation will be processed and charges assessed based on the following table:

<b>Meal Plan Contract Cancellation Details</b>		
Meal plan participants will be held responsible for cancellation charges as outlined below. The cancellation date is the later of the following two dates: a) the last date that the meal plan was used; b) the date that the meal plan participant is eligible to cancel.		
Cancellation Date	Type of Plan	Formula
Prior to start of meal period/ No meal usage	Unlimited, Traditional and Block	No charge
After start of meal period	Unlimited, Traditional	(total cost of meal plan less flex dollars)/number of days in the meal period*number of days completed+flex dollars used
	Block	(total cost of meal plan less flex dollars)/total meals in plan*number of meals used+flex dollars used

For a complete description of the cancellation policy, see Section III.D of the Meal Plan Contract Terms and Conditions.

You will receive confirmation of your cancellation via email from Event Management, Dining, and Hospitality. Any refund of prior payments or billing of outstanding charges will be forthcoming from Student Accounts. Please direct questions regarding the status of your account to the Student Accounts Office at (309) 438-5643.

Please note this form is for cancelling Meal Plan Contracts only. Dependent upon your circumstances, it may be necessary to notify other departments within Illinois State University. For directions regarding potential next steps, please review the following guide from the University Registrar: <http://registrar.illinoisstate.edu/downloads/WithdrawalChecklist.pdf>

Please Remit Requests to:

Mail: Illinois State University

Fax: 309-438-8521

Event Management, Dining, and Hospitality

E-mail: MealPlans@IllinoisState.edu

Attn: Meal Plan Coordinator

Campus Box 2650

Normal, IL 61790-2650