

Spring 2024

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- I will not attend/have withdrawn from Illinois State University
- I am moving from a traditional residence hall to Cardinal Court or an off-campus apartment
- I have not used my current meal plan (and live in Cardinal Court, Fell/School Street Apartments, or off-campus)

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:

| Meal Plan Contract Cancellation Details | | |
|--|-------------------------------------|--|
| 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
Event Management, Dining, and Hospitality
Attn: Meal Plan Coordinator
Campus Box 2650
Normal, IL 61790-2650

Fax: 309-438-8521
E-mail: MealPlans@IllinoisState.edu