

MEAL PLAN CANCELLATION FORM
Spring Quarter 2008 – All Meal Plan Changes Must Be Completed By Friday, April 11, 2008

INDIVIDUAL INFORMATION (please print legibly)

Name (Last, First M.): _____ Univ. I.D.#: _____
 Address: _____ Suite/Rm.: _____
 Campus Telephone: _____ Email Address: _____
 Current status: ___ Undergraduate Student ___ Graduate Student ___ Faculty/Staff
 Residence: ___ Evanston Univ. Housing ___ Non-Resident of Univ. Housing ___ Fraternity/Sorority Housing

REASON FOR CANCELLATION (Please Select One):

Kemper Single: _____ Medical Reason: _____
 Internship: _____ (Please list the name of your program): _____
 Please circle the quarter(s) you will participate in the internship: Fall Winter Spring
 Please describe your situation if not listed: _____

Please Note: Students living in University Housing are not permitted to cancel their board contact. Few exceptions are made and these exceptions include students living in the single suites of Kemper residential hall; students participating in university sponsored internships; and students with severe medical conditions that have been reviewed by Searle Health Center. Verification of the listed reasons will be required before a cancellation request can be approved.

POLICY INFORMATION

- Execution of the board contract is not a commitment of admission, enrollment, or employment within the university.
- **University housing residents are permitted to make one request per quarter to change/cancel their required board contract within the first 2 weeks of each term.**
- Completing this form does not mean that your request had been approved. You will be notified of the decision regarding cancellation or non-standard reduction requests, within ten business days if it has not been approved.
- **Any contract adjustment of charges, resulting from approval of this request, will be prorated from the date that your request is received by the University Food Service Department. This may result in additional charges based on use and/or the duration of time in which a meal plan is possessed before a cancellation/change is requested. Students may be charged despite cancellation.**
- By using your plan and participating in the dining program, you agree to accept all the terms, conditions, and restrictions of this dining contract and any revisions to it, which may be made at the sole discretion of the University.
- The board contract action you have selected and the subsequent charges or credits will be posted to your university account, within 30 business days, unless otherwise indicated.

I have read, understand and agree to the terms & policies of the University Food Service Contract. I have read and understand the proper use and associated charges for the meal plan contract action I have selected. I understand that the board contract is valid for the entire Northwestern University academic year remaining after the signature date on this contract, excluding University vacations.

APPLICANT SIGNATURE: _____ **DATE:** _____

THIS SECTION IS FOR UNIVERSITY FOOD SERVICE DEPARTMENT USE ONLY

	Old Plan	New Plan	Should Be	Action Required	Billing Updated by:
Plan No.					Cbord Updated by:
# EV Points					Cbord Message chng.:
# Board Meals					Effective date: