

<b>FLORIDA</b>	<b>OFFICIAL</b>
<b>POLYTECHNIC</b>	<b>UNIVERSITY</b>
<b>UNIVERSITY</b>	<b>POLICY</b>

<b>Subject/Title:</b> Meal Plan- Contract, On Campus Resident Requirement, and Cancellation
<b>FPU Policy Number:</b> FPU-3.0101P
<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Major Revision of Policy <input type="checkbox"/> Minor Technical Revision of Policy
<b>Date First Adopted:</b> December 14, 2015
<b>Date Revised:</b>
<b>Responsible Division/Department:</b> Business & Auxiliaries Office
<b>Initiating Authority:</b> Mark Mroczkowski, CFO

**A. APPLICABILITY/ACCOUNTABILITY:** This policy applies to all students purchasing meal plans and/or residing on the University campus.

**B. POLICY STATEMENT:**

1. **Availability of Meal Plans.** Any University student may purchase a meal plan by entering into a Meal Plan Contract and paying the required amount to the Business & Auxiliaries Office (“meal plan participant”).

2. **On-Campus Resident Meal Plan Requirement.** All students residing in on-campus housing are required to purchase either a 10- Meal Plan or 14-Meal Plan during each fall and/or spring semester in which the student resides on campus. The meal plan must be purchased prior to the date the resident student moves into the on-campus housing or the first day of classes for the semester, whichever is sooner (“Resident Meal Plan Requirement”). The University may grant an exemption from the Resident Meal Plan Requirement if the resident student requesting the exemption can show:

- a. that he/she has a medical condition requiring the exemption, or
- b. other exceptional circumstances that justify an exemption.

If the University grants the exemption from the Resident Meal Plan Requirement, the resident student will not be required to purchase the meal plan. If the exemption is granted after the resident student has purchased a meal plan, the resident student will be allowed to cancel the meal plan and receive a credit to the student’s account of the remaining value of the meal plan. The remaining value of the meal plan will be calculated from the date the exemption request form was received, or the last date the meal plan was used if the meal plan was used after the date the resident student’s exemption request form was received.

3. **Cancellation of Meal Plan.** The University may allow a meal plan participant to cancel a meal plan only if the participant requesting the cancellation makes a written request for cancellation and can show:

- a. that he/she has a medical condition requiring the cancellation of the meal plan,
- b. that he/she has withdrawn from the University; or
- c. exceptional circumstances that justify the cancellation.

If the cancellation request is approved, the meal plan participant's meal plan will be cancelled, and the student account will be given a credit in the amount of the remaining value of the meal plan. The remaining value will be calculated from the date the cancellation request form was received, or the last date the meal plan was used if the meal plan was used after the date the participant's request form was received.

**4. Timeliness of Request.** All requests for exemptions or cancellations should be made as soon as possible to allow for the request to be reviewed and processed (15-30 days). Submitting a Meal Plan Exemption/Cancellation Request Form does not guarantee that a request will be granted. If the request is denied, the requestor is obligated to pay for the meal plan in full and will not be entitled to receive a credit or refund for any portion of the meal plan that was not used.

### C. PROCEDURES:

#### 1. **Request for exemption from requirement or cancellation of meal plan for non-medical reason.**

a. A resident student may request an exemption from the Resident Meal Plan Requirement for non-medical reasons and a meal plan participant can request the cancellation of a meal plan for non-medical reasons by completing and submitting a Meal Plan Exemption/Cancellation Request form along with supporting documentation to the Business & Auxiliaries Office.

b. The Business & Auxiliaries Office will review the request and make a decision on whether or not to approve the request.

c. The Business and Auxiliaries Office will notify the resident student/meal plan participant of the denial or approval of the request via email to the requestor's University email address within 15 days of the Business & Auxiliaries Office's receipt of the requestor's completed Meal Plan Exemption/Cancellation Request form and supporting documentation.

d. If the request for **exemption from the Resident Meal Plan Requirement** is approved, the resident student will be allowed to cancel the meal plan, if one was purchased for the semester, and the Bursar's Office will provide a credit to the student's account in an amount equal to the remaining value of the meal plan which will be applied to any outstanding balance on the student's account. If there is no outstanding balance on the student's account at the time of the adjustment, the student will be provided a refund.

e. If the request for **cancellation of a meal plan** is approved, the meal plan participant's meal plan will be cancelled, and the participant will be given a refund of the remaining value of the meal plan. The remaining value will be calculated from the date the Meal Plan Exemption/Cancellation Request (non-medical reason) form was received by the Business & Auxiliaries Office, or the last date the meal plan was used if the meal plan was used after the date the participant's form was received, and the Bursar's Office will provide a credit to the student's account in an amount equal to the remaining value of the meal plan which will be applied to any outstanding balance on the student's account. If there is no outstanding balance on



the student's account at the time of the adjustment, the student will be provided a refund.

2. **Request for exemption from requirement or cancellation of meal plan for medical reasons.**

a. A resident student may request a medical exemption from the Resident Meal Plan Requirement or a meal plan participant may request the cancellation of an existing meal plan by completing and submitting a Disability Services Form and supporting documentation to the University Counseling and Disability Services Office.

b. The University Counseling and Disability Services Office will review the request and make a decision on whether or not to approve the request.

c. The Counseling and Disability Services Office will notify the requestor of the denial or approval of the exemption/cancellation request for medical reasons via email to the requestor's University email address within 30 days of the Counseling and Disability Services Office's receipt of the student's completed Meal Plan Exemption/Cancellation Request (medical reasons) form and supporting documentation.

d. If the request for **exemption from the Resident Meal Plan Requirement** is approved, the Counseling and Disability Services Office will send an email to the Business & Auxiliaries Office informing them of the approval, and the resident student will be allowed to cancel the meal plan, if one was purchased for the semester, and the Bursar's Office will provide a credit to the student's account in an amount equal to the remaining value of the meal plan which will be applied to any outstanding balance on the student's account. If there is no outstanding balance on the student's account at the time of the adjustment, the student will be provided a refund.

e. If the request for **cancellation of a meal plan** is approved, the Counseling and Disability Services Office will send an email to the Business & Auxiliaries Office informing them of the approval, and the meal plan participant's meal plan will be cancelled. The Bursars Office will provide a credit to the student's account in an amount equal to the remaining value of the meal plan which will be applied to any outstanding balance on the student's account. If there is no outstanding balance on the student's account at the time of the adjustment, the student will be provided a refund. The remaining value will be calculated from the date the Meal Plan Exemption/Cancellation Request (medical reasons) form was received by the Counseling and Disability Services Office **or** the last date the meal plan was used if the meal plan was used after the date the participant's form was received.

POLICY APPROVAL

Policy No.: FPU-3.0101P

*Mark Thompson*

09/08/15

Initiating Authority

Date

*Kurt Wilham*

10-16-15

Policies & Procedures Review Committee Chair

Date

*M. A. C.*

10/14/15

President/Designee

Date

Approved by FPU BOT, if required

\_\_\_\_\_

Date

Form: University Academic Policy Template 1- 6.17.13

**Florida Polytechnic University**  
**Meal Plan Contract Fall 2015 – Spring 2016**

Required for all meal plan purchases or changes  
 Submit to: [auxserv@flpoly.org](mailto:auxserv@flpoly.org)



Last Name _____	First Name _____	M.I. _____
Student ID # _____		Email: _____@flpoly.org
Phone # _____	Resident Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Fall 2015- Spring 2016 Meal Plan Options**

<input type="checkbox"/> <b>10 Meal Plan + \$400 declining balance (Minimum resident requirement)</b> <i>*Average Saving of \$2.50 per meal</i>	<b>Price per semester: \$1,625</b>
<input type="checkbox"/> <b>14 Meal Plan + \$225 declining balance</b> <i>*Average Saving of \$2.65 per meal</i>	<b>Price per semester: \$1,820</b>
<input type="checkbox"/> <b>125 Block Plan (Not eligible for payment plan)</b> <i>*Average savings of \$2.30 per meal</i>	<b>Price per semester: \$1,025</b>
<input type="checkbox"/> <b>50 Block Plan (Not eligible for payment plan)</b> <i>*Average Savings of \$2.10 per meal</i>	<b>Price per semester: \$420</b>
<input type="checkbox"/> <b>650 Declining Balance Plan (Not eligible for payment plan)</b> <i>*A Savings of \$50 per semester</i>	<b>Price per semester: \$600</b>
<input type="checkbox"/> <b>750 Declining Balance Plan (Not eligible for payment plan)</b> <i>*A Savings of \$50 per semester</i>	<b>Price per semester: \$700</b>

**TERMS & CONDITIONS**

1. Meal plans can always be upgraded, but students can only downgrade a meal plan prior to 5:00pm on the last day of the semester's drop/add period by 5pm. Payment on an upgrade must be made immediately.
2. If you are a student living in an on-campus dorm, you must purchase and maintain at least a 10-Meal Plan for each fall or spring semester you are living on campus.
3. If you withdraw from the University, you may request that your meal plan be cancelled by completing and submitting a Meal Plan Exemption/Cancellation Request Form. Your request must be accompanied by documentation from the Florida Poly Registrar's Office showing you have officially withdrawn from the University. Upon receipt of required documentation and approval by the Business and Auxiliary Services Office, your meal plan will be cancelled and the remaining value of the plan will be credited to your student account and only if there is no outstanding balance on the account will a refund be issued. Otherwise, the credit may be applied towards any outstanding amount of the student's university account.
4. You may also request a medical cancellation of your plan by contacting the Disability Services Office.
5. Meal plan participants must submit payment in full upon signup for a meal plan, unless the meal plan is being placed on a student account. If placed on account, the payments must be made in full according to the payment schedule and in no event shall meal plan charges be unpaid after the last day of final exams.

**RULES & REGULATIONS**

1. Any declining balance purchased in the fall semester will roll over to the end of the following spring semester. Any declining balance remaining at the end of the spring semester is forfeited.
2. Meals on the block plans, 10-Meal Plan, or 14-Meal Plan do not carry over from semester to semester.
3. Operational dates of the food service venues vary according to venue locations and the academic calendar. Meals are not provided during University holidays and/or break periods. This information can be found at: [www.flpoly.org/dining](http://www.flpoly.org/dining)
4. Payment methods accepted are cash, check, credit card, money order or student account. Pursuant to FPU-4.003 Special Fees, Fines and Charges, the University assesses a service charge in accordance with Florida Statutes section 832.07(1) for each unpaid check returned to the University.

**PAYMENT INFORMATION**

Submit this meal plan contract via one of the following methods:

- 1) Mail to : Florida Polytechnic University; Attn: Auxiliaries  
 4700 Research Way, Lakeland FL 33805-8531
- 2) Walk In: Stop by our office in the Wellness Center
- 3) Email: [Auxserv@flpoly.org](mailto:Auxserv@flpoly.org)

**Please select one:**

Place my meal plan on my student account.  
AND

Place on payment plan (Available for 14-meal plan and 10-meal plan ONLY)

I am paying the full balance of my meal plan now in person.

**I have read and agree to all the information on this contract and I understand that this is a legal and binding agreement.**

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent/Guardian Signature (Required if Student is under 18) Date

# Florida Polytechnic University Meal Plan Exemption/Cancellation Request

A student must complete this form to request a meal plan exemption/cancellation



Request Date \_\_\_\_\_ Exemption/Cancellation Request period (check one)  Fall  Spring

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID # \_\_\_\_\_ Email: \_\_\_\_\_@flpoly.org

Phone # \_\_\_\_\_

### Exemption/Cancellation request based on:

Withdrawal from Florida Poly  Other (please explain below)

### DEADLINES

1. The deadline for fall semester **exemption** requests is the last day for fall early registration for classes.
2. The deadline for spring semester **exemption** requests is the last day for fall early registration for classes.

### RULES

1. Appropriate documentation must support each request. Please note, medical exemption requests must be submitted to the Disability Services Office. Please be aware that you have an obligation to pay for your meal plan unless your exemption/cancellation request is approved.
2. This form must be completed and turned in to the Business & Auxiliaries Office located in the Wellness Center or mailed to the address below. Faxed and/or e-mailed forms will **NOT** be accepted.
3. The completion of this form does not guarantee the cancellation request will be granted. By signing below, you acknowledge that additional information and/or documentation may be required to process your request. If this additional information is not received by the appropriate deadline, the cancellation request will be denied.
4. If your request is approved, the charge is prorated from the date the request was received or the last day the meal plan was used, whichever is later. All charges up to that date are valid.
5. The credit is posted on the student account and only if there is no outstanding balance on the account will a refund be issued. Otherwise, the University may apply the credit towards any outstanding amount of the student's university account.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian (Required if Student is under 18) Date

-----  
**FOR OFFICE USE ONLY**

Date request received by Business Svcs. \_\_\_\_\_  Approved  Denied

Comment by person(s) reviewing request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of reviewer \_\_\_\_\_ Date \_\_\_\_\_

Email sent to student: Date \_\_\_\_\_ By \_\_\_\_\_