

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 Fall Spring

Last Name _____

First Name _____

M.I. _____

Student ID # _____ Email: _____@floridapoly.edu

Phone # _____

Exemption/Cancellation request based on:

Withdrawal from Florida Poly

Other (please explain below or attach a separate sheet with additional information)

DEADLINES

1. A meal plan exemption request should be submitted at least two weeks prior to the beginning of the term. Please email the form to Auxserv@floridapoly.edu.

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 e-mailed to auxserv@floridapoly.edu.
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 _____