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. 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@flpoly.org.

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@flpoly.org .
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 _____