

California State University, Los Angeles Housing and Residence Life

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Email: askhousing@calstatela.edu Website: www.calstatela.edu/housing

Meal Plan Change Request Form

Conditions: Licensee may request to change their Meal Plan during the thirteenth week of fall semester for the following semester.

Last Name:		First Name:		CIN:	
Cell Phone () Cal State LA Email					
Academic Yea	ar 20 – 20				
Current Meal	Plan: □ 10 □	1 12			
I am requestin	ig to:				
☐ Increase t	to*: □ 10 □ 1	2 1 7 for	S	emester, 20	
□ Decrease	to: 🛘 10	□ 17 for	S	emester, 20	
*I am fully responsible for payment of the adjustment if approved to increase my Meal Plan.					
I acknowledge the Meal Plan contract follows the same policies and procedures as the Housing and Residence Life License Agreement, and my voluntary participation in the Meal Plan program. I understand if I am approved to increase or decrease my Meal Plan, charges will be adjusted on my GET account within 10–14 business days.					
	St	udent Signature	_	Date	
	St	•	NCE LIFE/ACCOUNTING US		
□ APPROVED		•	NCE LIFE/ACCOUNTING US		
		HOUSING AND RESIDE	ee Coordinator or designee)	<u>E ONLY</u>	
	□ DENIED : (A	HOUSING AND RESIDE	ee Coordinator or designee)		Date
☐ Charges Pos	□ DENIED : (A sted/Adjusted / /	HOUSING AND RESIDE	ee Coordinator or designee) Resource Coordinator	E ONLY of Housing and Residence Life or Designee	Date
☐ Charges Pos	□ DENIED : (A sted/Adjusted / /	HOUSING AND RESIDER pproval must be from Resource	ee Coordinator or designee) Resource Coordinator	E ONLY of Housing and Residence Life or Designee	Date
☐ Charges Pos	☐ DENIED : (A sted/Adjusted / / RESIDENCE LIFE MEAL PL	HOUSING AND RESIDENT PROPOSED TO THE PROPOSED	Resource Coordinator Semester 20	E ONLY of Housing and Residence Life or Designee TOTAL	Date
☐ Charges Pos	☐ DENIED : (A sted/Adjusted / / RESIDENCE LIFE MEAL PL	HOUSING AND RESIDENT PROPOSED TO THE PROPOSED PROP	Resource Coordinator Semester 20 17 Meal Plan	E ONLY of Housing and Residence Life or Designee TOTAL	Date
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