



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 Year 20____ - 20____

Current Meal Plan: 10 12 17

I am requesting to:

Increase to*: 10 12 17 for _____ Semester, 20____.

Decrease to: 10 12 17 for _____ Semester, 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.

_____ Student Signature

_____ Date

HOUSING AND RESIDENCE LIFE/ACCOUNTING USE ONLY

APPROVED **DENIED** : (Approval must be from Resource Coordinator or designee)

Charges Posted/Adjusted ____ / ____ / ____
Resource Coordinator of Housing and Residence Life or Designee _____ Date _____

HOUSING AND RESIDENCE LIFE MEAL PLAN CHARGES FOR: _____ Semester 20____

	<u>10 Meal Plan</u>	<u>12 Meal Plan</u>	<u>17 Meal Plan</u>	<u>TOTAL</u>
Change from:	\$ _____	\$ _____	\$ _____	\$ _____
Change to:	\$ _____	\$ _____	\$ _____	\$ _____

Comments: _____

Reconciliation Excel ____ / ____ / ____ StarRez Booking: ____ / ____ / ____ Student Email Notification ____ / ____ / ____.

UAS MP. ____ / ____ / ____ Cashier's ____ / ____ / ____ PPS verification ____ / ____ / ____.