



Meal Plan Termination/Change Request

Meal plan contracts are binding for the **full academic year**, or the remainder thereof, and students are required to fulfill this obligation. Once a student has committed to a Culinary contract, changes to that contract are only granted based on extenuating circumstances. Requests are not final until they are reviewed and a determination (approved, denied, or more information requested) is made by Housing and Residence Life. If more information is needed, the student will be notified in writing. Students should allow 14 to 21 days for initial review and processing. If additional documentation is not received within 14 days, the request becomes inactive.

Required Supporting Documentation

- **Medical/Dietary:** A medical or dietary request must include documentation from a medical professional within the last 90 days. This documentation must include a description of the student's condition and the specific dietary requirements necessary to meet the needs of that condition. The documentation must be accompanied by **both** a Provider Report form and an Authorization for Release of Confidential Information to allow Housing and Residence Life personnel to speak with the provider of the medical services, if necessary. Consultation between the student and the Executive Chef of Culinary Services may be required prior to a final decision being made.
- **Financial Hardship:** Requests for termination or change based upon financial hardship must include evidence of significant change in the student's financial situation since the original contract was submitted. Include documented evidence of extreme financial need by providing copies of the most recent financial aid verification/ awards, evidence of recent employment termination, or evidence of extreme hardship (death of a primary income provider, medical expenses exceeding maximum insurance coverage, etc.). This documentation **must be accompanied by a completed Financial Information form**. Requests to change or terminate a meal plan for financial savings are not considered valid for financial hardship request.
- **Other:** Students requesting release or change for other reasons must provide documentation to support their extenuating circumstances.

Return Completed Forms & Documents to:

Housing and Residence Life
215 Living Learning Center
111 South Green Drive
Athens, OH 45701

Fax: 740.593.4089 | Email: housing@ohio.edu

Refund Schedule

Amount of refund is based on the following percentages of the term room and board payment:

- Prior to checking in residence hall = 100% (minus deposit)
- 1st week of the semester = 80% refund
- 2nd week of the semester = 60% refund
- 3rd week of the semester = 40% refund
- 4th week of the semester = 20% refund
- 5th week of the semester or after = NO REFUND



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Division of Student Affairs
Housing & Residence Life

Student Demographic Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Ohio ID: _____

Class Rank: First Year Second Year Third Year Fourth Year

Number of Full Semesters in the Residence Halls: _____

Student Contact Information:

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Current Off Campus Address: _____

City: _____ State: _____ Zip: _____

Current on Campus Hall & Room #: _____

Exemption Request Type:

Medical/Dietary

Current meal plan: _____

Desired meal plan: _____

Financial

Other

Desired Effective Term/Year:

Fall _____

Spring _____

Summer _____

Multiple terms can be selected.

Signature & Certification:

Signature: _____

PID: _____

Date: _____

I certify that my reason for making this request are true and understand that falsification of any material submitted in support of this exemption request is a violation of the Student Code of Conduct.