

Meal Plan Termination / Change Request Policy

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 signed the Residence and Dining Services Contract, changes to that contract are granted based on extenuating circumstances **ONLY**.

The Housing Office has the responsibility to review the student's application for change(s), including the necessary supporting documentation. Requests submitted without proper documentation will be pending until it is provided. Pending requests will be held for a time of thirty (30) days, and then placed on

inactive status with written notification being provided to the student. The Housing Office ascertains whether a significant change has taken place that warrants a modification or release from the Dining Services Contract.

However, **IN ALL INSTANCES**, the refund, if applicable, is made according to the terms and conditions of the Residence and Dining Services contract. Meal plan terminations and reductions will not be considered after the fourth (4th) week of the quarter, except in the cases of medical reasons.

Termination Refund Schedule

Meal plan refunds are calculated by the amount paid on the quarterly charges. Once a student has utilized their meal plan, refunds are calculated using the percentages listed below:

Refund for one meal through the first week is:	75% of quarterly meal plan charges
Refund for termination within the second week is:	50% of quarterly meal plan charges
Refund for termination within the third week is:	25% of quarterly meal plan charges
Refund for termination with the fourth week is:	0% or no refund.

Termination Procedures

1. The student completes the attached termination/change application.
2. Once completed, the application along with supporting documentation should be returned to the Housing Office. Incomplete applications will delay the process.
3. The Contract Committee will review the completed application and corresponding documents.
4. The student will be notified of the committee's decision in writing, sent to the student's current residence hall address or email, unless otherwise requested.
5. If for any reason the student wishes to discuss the committee's decision, there is an appeal process. The appeal meeting requires that new or additional documentation be provided. Once the necessary documentation has been completed, an appointment with a Housing administrator will be made.

Necessary Documentation

Medical/Dietary – Students requesting to terminate their meal plan on the basis of medical/dietary will need documentation from an attending physician as well as a review of the medical/dietary information by the University Student Health Center and/or the Assistant Director of Dining Services.

Financial – Students requesting a release or change based upon financial hardship must provide evidence of a significant change in their financial situation since the contract was signed. Information such as types of financial aid (loans, grants, scholarships, parental assistance, employment, etc.) and a letter from the parent(s) verifying a recent change in the financial situation should be included with attached documentation.

Age – Admitted students 23 years of age or older prior to the beginning of the quarter in which they enroll are exempt from housing and meal plan requirements.

Other – Students requesting a release or change for "other" reasons must provide documentation to support their particular extenuating circumstances.

Ohio University Housing Office
060 Chubb Hall; Athens, Ohio 45701
Phone: 740-593-4090 Fax: 740-593-4089

Meal Plan Exemption / Termination Request Application

Student Notes

Student Name (please print)	PID Number	Date of Birth
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E-mail Address	Age	Gender <input type="radio"/> Male <input type="radio"/> Female	Time in Residence <input type="radio"/> Quarters <input type="radio"/> Semesters	Credit Hours	Class Rank <input type="radio"/> Junior <input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Senior <input type="radio"/> Grad
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Campus Address:	Building	Room	Phone
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Permanent Address:	Street, Apt., or PO Box	City	State	Zip
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Refund Address: (If appropriate)	Street, Apt., or PO Box	City	State	Zip
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Present Meal Plan <input type="radio"/> Standard 10 <input type="radio"/> Standard 20 <input type="radio"/> Super 20 <input type="radio"/> Standard 14 <input type="radio"/> Super 14	Desired Meal Plan, If Applies <input type="radio"/> Standard 10 <input type="radio"/> Standard 20 <input type="radio"/> Super 20 <input type="radio"/> Standard 14 <input type="radio"/> Super 14 <input type="radio"/> None	Desired Effective Quarter <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Winter <input type="radio"/> Summer
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Reason for Reduction / Release <input type="radio"/> Medical / Dietary <input type="radio"/> Financial <input type="radio"/> Other:

Student Signature I certify that my reasons for making this request are true and understand the consequences that can occur if found to be otherwise.
<div style="display: flex; justify-content: space-between;"> X Date </div>

FOR OFFICE RECORDS ONLY

Date received ____/____/____

Check PHAP for contract:

() Current Yr () Next Yr

() Exemption () Termination () Reduction

Reason: _____

() Listed on Report Code _____

ZHOL: () None () Placed () Removed

() Incomplete documents/notified

() Documentation complete

() Forward to Associate Director

- () Refer to committee () Approved () Denied

- () Notified

() Committee Disapproved () Committee Approved

- () Notified

() Appealing – forward to Director

- () Approved () Denied () Notified

[Print Director's e-mail/letter, attach to file]

FOR APPROVALS, COMPLETE

() Housing/Food Service Information Form

() Update code on report (Approve/Deny)

() Ready to file

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