2018-2019 MEAL PLAN CANCELLATION FORM

Name (print): ____________________________  Banner ID: ____________________________

myUTSA ID (abc123): ____________________  Email: _________________________________

Local Address: ______________________________  Phone: _________________________________

Housing Status: (check one)
☐ Chaparral Village  ☐ Laurel Village  ☐ Alvarez Hall  ☐ University Oaks  ☐ Chisholm Hall  ☐ Off Campus

Current Meal Plan:
☐ Access 5 A + $300 Dining Dollars  ☐ Access 7 C – No Dining Dollars
☐ Access 7 A + 7 Meal Trades + $300 Dining Dollars  ☐ Block 1 – 150 meals + 5 Meal Trades + $300 Dining Dollars
☐ Access 7 B + 5 Meal Trades + $200 Dining Dollars  ☐ Block 2 – 120 meals + $400 Dining Dollars

1. This form is accepted in person at Campus Services, located in the Crespa Service Center, MS 1.01.52. Scanned cancellation forms are accepted via email at CampusServices@utsa.edu. Cancellation Forms are processed on the date received.

2. The purchase of a Meal Plan is a condition of acceptance of housing at Laurel Village, Chaparral Village, Alvarez Hall, and Chisholm Hall for residents with forty-eight (48) or fewer completed semester credit hours on the first day meals are available under this Meal Plan Contract.

3. Cancellation forms are processed for the following reasons, in accordance with the Meal Plan Contract Terms and Conditions, Part VI, Cancellation of the Contract.

Please indicate the type of cancellation requested by checking ONLY ONE of the following:

☐ Cancellation for Convenience (applies ONLY if student is not required to purchase a meal plan): Student may cancel the Contract for any reason on or before 5pm on Census Day of the Fall Semester. Meal plans may be cancelled for convenience in the Spring ONLY if the student did not have a meal plan the preceding Fall Semester.


☐ Cancellation for Withdrawal/Graduation/Transfer: Student may cancel the contract if they cease to be a student of the University. Documentation of withdrawal, graduation, or transfer is required with this Cancellation Form.

☐ Cancellation for Change in Housing: Student may cancel the contract if they were required to have a meal plan as a condition of residence at Chaparral/Laurel Village, Alvarez Hall, or Chisholm Hall and are no longer a resident of any of these complexes. Documentation of vacancy is required with this Cancellation Form.

☐ Cancellation for Medical Reasons: Student may cancel the contract if, after signing the Contract, student develops a medical condition that prevents Student from dining at University Dining Facilities. In addition to this Cancellation Form, student must submit the following required documentation:
1. An original, signed letter dated within the Contract period from student’s physician/specialist on his/her letterhead outlining the specific reasons why the UTSA Meal Plan does not meet student’s dietary requirements & specific changes to offerings that would meet student's dietary needs.
2. Specific nutritional plan provided by student’s physician/specialist on his/her letterhead to include: (i) a seven day menu outline, (ii) special preparation instructions, and (iii) where the food will be prepared.

Additional documentation may be requested to substantiate a cancellation request for medical reasons. Cancellation requests submitted for medical reasons are reviewed by the Director of Campus Services. A decision will be provided to the student within five (5) business days of receipt.

4. Once verified and approved, cancellations are effective the next business day. Provided payment has been made, and as applicable, a pro-rated refund will be reimbursed to your ASAP account, minus a cancellation fee. Charges continue to accrue until cancellation is approved. Meal Plan Cancellation Charges calculation method can be found in the Contract Terms and Conditions.

Student Signature: ____________________________  Date: ____________________________

For Office Use Only

☐ Approved  ☐ Denied  By: ____________________________

Banner Updated: ______________  By: ____________________________

Charges Assessed: ______________  By: ____________________________

Date Stamp Here