

# 2009/2010 Drexel Campus Dining Cancellation Request Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Term(s):  
\_\_\_\_ Fall 2009  
\_\_\_\_ Winter 2010  
\_\_\_\_ Spring 2010

Plan:  
\_\_\_\_ Platinum Plan  
\_\_\_\_ Gold Plan  
\_\_\_\_ Blue Plan  
\_\_\_\_ You Call It/75  
\_\_\_\_ You Call It/50  
\_\_\_\_ Kosher Option

Reason: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

If Student is Under 18 Years of Age

\_\_\_\_\_  
*Date*

All first year resident students must be on the Platinum, Gold, or Blue Plan. Plans cannot be changed or cancelled after the second week of each term. When you sign this form, you agree to be held responsible for any applicable charges. Students will receive an email confirming the cancellation of their meal plan.



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