

2009-2010 MEAL PLAN TERMS AND CONDITIONS

1. PAYMENT OPTIONS

Mailing address to send Meal Plan Applications with payment in full or down payment	Cash, Check or Credit Card Payments can be made at these locations:
The Foundation for CSUSB Attn: Cashier's Office 5500 University Parkway San Bernardino, CA 92407	In the Dining Services Office, Commons Room 219 M-W 8am-4pm By phone or in person at the Foundation Building, Cashiers Office Monday - Friday 8:00 am - 4:00pm Telephone Number 909-537-3714 (credit card payments)

2. CANCELLATION POLICY

Meal Plan contracts are based on the current academic year and include Fall 2009, Winter 2010, and Spring 2010. Cancellations are only accepted from students who officially withdraw from CSUSB or move out of the Residence Hall and submit a Meal Plan Cancellation Form. All other cancellation requests will be reviewed by the Meal Plan Administrator and are subject to approval. Submitting a cancellation request does not imply approval. Approved cancellations are subject to a Cancellation Fee and a weekly charge for the number of weeks on meal plan up to the cancellation date it is not based on card usage.

3. LOST MEAL PLAN CARDS

Treat your meal plan card as if it were cash. If you should lose it, please call the Meal Plan Representative at (909) 537-3714 as soon as you notice it is missing so we can deactivate it.

4. APPLICATION SUBMITTAL PROCEDURE

In order to be issued a meal plan by the Meal Plan representative, we require that this application be filled out in its entirety and returned to the Meal Plan Office along with your payment. Once we receive your application and payment, your meal plan dollars will be put on your Coyote One Card at the beginning of each quarter of your meal plan contract. Additional information can be found on the website at:

<http://csusb dining.com/index.html>

5. SHARING FINANCIAL INFORMATION

Per University policy, financial information regarding meal plan accounts cannot be released to anyone other than the student if they are 18 years or older. Students can submit with their meal plan application a signed Student Authorization to Release Information to Parent or Guardian form if they wish to give a parent or guardian information privileges.

6. MISCELLANEOUS INFORMATION

Meal Plan dollars are not transferable and do not roll over from quarter to quarter. Unused meals will be lost. These meals are not available during academic breaks. Funds must be used by the last day of each quarter. Approved cancellations take 4-6 weeks to process.

Meal Plans may be changed only during the first two weeks of each quarter. Students who are placed in **Serrano Village without kitchens** are mandated by the Student Housing License Agreement to purchase a meal plan. If you do not want or cannot afford a meal plan you should not accept assignment at Serrano Village. There are no exceptions to this requirement. Forms are available for download online at : <http://adminfin.csusb.edu/universitydining/mealplan.htm> and should be submitted to the Foundation Meal Plan Representative.

All decisions regarding the Meal Plan Program shall be made by the Foundation Meal Plan Administrator. All questions and requests should be directed to the Meal Plan Administrator at (909) 537-3714

7. SIGNATURE(S)

I verify that I have read the Meal Plan Terms and Conditions and fully understand the terms, conditions and costs associated with having a meal plan at California State University, San Bernardino.

X Signature of Student	X Signature of Parent (if student is under age 18)
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PLEASE RETAIN A COPY OF THIS APPLICATION AND TERMS & CONDITIONS FOR YOUR RECORDS

I am submitting this application electronically without signature. Despite the lack of signature, I certify that I am entering into a binding contract with the Foundation of CSUSB. I will execute this application when my meal plan card is issued to me.



The Foundation for
California State University, San Bernardino

STUDENT AUTHORIZATION TO RELEASE INFORMATION TO PARENT or GUARDIAN

Academic Year _____

By signing below and supplying confidential information as an identifier, I authorize The Foundation for CSUSB to release information about my meal plan to the following person:

Name: _____

Address: _____

Relationship to Student: _____

What is the purpose of this disclosure?

Meal Plan Information Only

X _____ X _____
Last 4 digits of this person's social security number Place of birth

This authorization applies to all information regarding my Meal Plan

This form is for meal plan questions only. Please do not submit this form to the Meal Plan Office for release of information regarding financial aid and your university student account.

Meal Plan charges and payments

This authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year during which it was issued, whichever comes first. In the event information is released in error, the undersigned agrees to hold The Foundation for California State University, San Bernardino harmless for damages.

X _____ X _____
Student's Name (Please Print) Student ID

X _____ X _____
Student's Signature Date

Submit this form to:

The Foundation for CSUSB
5500 University Parkway
San Bernardino, CA 92407