



MEAL MEMBERSHIP CANCELLATION FORM

If you are enrolled in a meal membership and are withdrawing from the university, please complete this cancellation form and submit it to the FGCU Campus Dining Office (Cohen Center, 152).

All financial responsibilities for the fall semester must be paid in full. If withdrawing from the university for the spring semester you must withdraw before the first day of the semester and not have used any portion of the membership in order not to be financially responsible for the membership in its entirety.

Student's Name: _____ UIN: _____

Number to Reach You At: _____

Date: _____ Current Membership: _____

Please indicate your intentions for the next semester:

I intend to leave FGCU and return _____ (Term or semester)

I intend to leave FGCU with no further plans of returning.

Forwarding Address: (if different from current mailing address)

(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Forwarding email: _____

Student Signature: _____ Date: _____

For Office Use Only

Student is or is not (*circle one*) currently registered for _____ semester. **(Seal)**

Registrar's Office Signature: _____ Date: _____