



MEAL CHANGE REQUEST

Change request for: Fall 2015 – Spring 2016 Spring 2016

Name: _____ GSW I.D #: _____
First Middle Last

Email Address: _____ Cell Phone: _____

Classification: Freshman (Less than 30 hours) Sophomore (30 hours) Junior (60 hours) Senior (90 hours or more) Graduate Student Faculty/Staff Member Other _____

Current Plan: _____

You may increase your meal plan options or dining dollars at any time.

Any decrease in meal plan must be made prior to the end of Add/Drop period. After this date, you must go through the Meal Plan Appeal Process.

Meal Plan Options

Meal plans are for each semester. At the end of the term, unused meals and flex dollars are removed. A new plan is added at the start of the next semester. Please indicate your requested meal plan below. *(Any resident earning less than 60 hours are required to have a meal plan)*

Meal plan	Description of Plan	Cost per term
<input type="checkbox"/> 10 Meal Plan	10 Meals per week + \$425 flex dollars	\$1653 per term
<input type="checkbox"/> 15 Meal Plan	15 Meals per week + \$375 flex dollars	\$1748 per term
<input type="checkbox"/> Unlimited Plan	Unlimited Meals per week + \$275 flex dollars	\$1830 per term

Block Plan Options

Block plans reset at the end of each semester and meals not used will be forfeit. Please indicate your requested block plan below. ****Indicates a block plan offered to GSW faculty and staff only.**

Block Plan	Description of Plan	Cost per year
<input type="checkbox"/> 25 Block Plan	25 Meals + \$225 flex dollars	\$410 per term
<input type="checkbox"/> 40 Block Plan	40 Meals + \$225 flex dollars	\$510 per term
<input type="checkbox"/> FS30 Block Plan **	30 Meals + \$100 flex dollars	\$267 per term

Dining Dollars

Dining dollars can be added at any time of the academic year. You may add any amount in increments of \$50.00. Please specify the amount you would like to add in the space provided below.

Dining Dollar Total: _____

Please sign and date below stating the information you provided is correct and that you understand the information stated above. Please return this form to the Office of Residence Life.

Signature _____

Date _____

For Office Use Only

Processed: Yes No _____

Staff Signature _____

Date _____