

The Office of Residence Life and Housing
2012 – 2013 Meal Plan Request Form



Name: _____ SID: _____

Current Address (for commuter students): _____

Campus Address: _____

Contact Phone Number: _____

Contact Email Address: _____

Meal Plan Request For: Fall 20____ Spring Semester 20____ Summer Semester 20____

Current Meal Plan (PLEASE CHECK ONE) (Costs are subject to change)

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Any 100 Meals/Semester
Cost: \$780.00 | <input type="checkbox"/> 10 Meals/Week
Cost: \$1369.00 |
| <input type="checkbox"/> Any 25 Meals/Semester
Cost: \$215.00 | <input type="checkbox"/> 5 Meals/Week
Cost: \$715.00 | <input type="checkbox"/> 14 Meals/Week
Cost: \$1473.00 |
| <input type="checkbox"/> Any 50 Meals/Semester
Cost: \$400.00 | <input type="checkbox"/> 7 Meals/Week
Cost: \$935.00 | <input type="checkbox"/> 19 Meals/Week
Cost: \$1595.00 |
| <input type="checkbox"/> Any 75 Meals/Semester
Cost: \$600.00 | | |

New Meal Plan (PLEASE CHECK ONE)

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Any 100 Meals/Semester
Cost: \$780.00 | <input type="checkbox"/> 10 Meals/Week
Cost: \$1369.00 |
| <input type="checkbox"/> Any 25 Meals/Semester
Cost: \$215.00 | <input type="checkbox"/> 5 Meals/Week
Cost: \$715.00 | <input type="checkbox"/> 14 Meals/Week
Cost: \$1473.00 |
| <input type="checkbox"/> Any 50 Meals/Semester
Cost: \$400.00 | <input type="checkbox"/> 7 Meals/Week
Cost: \$935.00 | <input type="checkbox"/> 19 Meals/Week
Cost: \$1595.00 |
| <input type="checkbox"/> Any 75 Meals/Semester
Cost: \$600.00 | | |

I understand that by signing my name below that I am authorizing a change in my meal plan status. I also understand that after the second week of each semester I can no longer reduce my meal plan. Further, I can increase my meal plan at any time and agree to pay the difference in cost for an increased plan.

Signature _____ Date _____

<p>ORLH OFFICE USE ONLY</p> <p>Authorized by (Print Name): _____</p> <p>Position: _____</p> <p>Date Changed: _____</p> <p>Authorizers Signature: _____</p> <p>Attach a copy of the previous meal plan and new meal plan to this form.</p>
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