



MEAL PLAN CHANGE FORM

Student's Name: _____

Student's SU ID number: _____

Phone number: (_____) _____

Please CHANGE my meal plan **TO**:

_____ Plan A (\$2500/year)

_____ Plan B (\$2240/year)
(All new students at 150 Tremont and Miller Hall have been assigned to this plan)

_____ Plan C (\$2000/year)
(All students at the Holiday Inn have been assigned to this meal plan)

Student's Signature

Date

This form must be received in the Office of Residence Life **no later than SEPTEMBER 28, 2007** if you wish to change your meal plan. Please return the form to the building in which you will live:

150 Tremont Street
Boston, MA 02111

617-305-2504 (f)

Miller Hall and Holiday Inn
10 Somerset Street
Boston, MA 02108
617-305-3262 (f)