

CALIFORNIA STATE UNIVERSITY, STANISLAUS

HOUSING AND RESIDENTIAL LIFE

Meal Plan Change Form

In submitting this request you are authorizing Housing and Residential Life to change your selected meal plan option. Meal plans can be changed for a period of ten days (10) after check-in.

Name:		S	tudent ID#:
	Last	First	
Email:		(cell Phone: ()
Studen	nt Signature:		Date:
Current Meal Plan Option			
	Option A $-$ 160 block meals wi Option B $-$ 200 block meals wi	th \$1,400 annual flex dollar	S
Option C – 240 block meals with $1,300$ annual flex dollars			
	RCLASS Option D – 150 block meals wi Option E – 120 block meals wi Option F – 100 block meals wi Option G – $\$800$ annual flex do Option H – $\$1,000$ annual flex do Option I - $\$1,250$ annual flex do	th \$850 annual flex dollars th \$1,150 annual flex dollar ollars dollars	S
New Meal Plan Option			
FRESI	HMAN Option A – 160 block meals wi Option B – 200 block meals wi Option C – 240 block meals wi	th \$1,400 annual flex dollar	S
UPPERCLASS Option D – 150 block meals with \$500 annual flex dollars Option E – 120 block meals with \$850 annual flex dollars Option F – 100 block meals with \$1,150 annual flex dollars Option G – \$800 annual flex dollars Option H – \$1,000 annual flex dollars Option I - \$1,250 annual flex dollars			
For Official Use			
\Box	Updated in StarRez	Date:	

Updated in Cardsmith Date:

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