

# CAS DINING MEAL PLAN CHANGE FORM

Valid for the 2012-2013 academic year.

Mail or fax to CobyCard Office, SUNY Cobleskill, Cobleskill, NY 12043 or FAX 518-255-5154

Your current meal plan and CobyCash will roll over to next semester. **NO MEAL PLAN CHANGES CAN BE MADE AFTER THE FIRST WEEK OF CLASSES -Friday, August 31. CHOOSE CAREFULLY.** Weekly meal plans run from Monday breakfast to Sunday dinner. This meal plan is for your use only, unless you use a bonus meal. Your semester bill must be satisfied in order for your CobyCard and meal plan to remain activated. There are no cash withdrawals until the end of the spring semester. There will be a \$25 fee for lost or stolen CobyCards, and one dollar to revalidate a reported lost card that is found. Please contact Dining Services (518) 255-5202 if you have any special dietary needs or food allergies. Residential Students will have unlimited use of laundry facilities and a mandatory \$48.00 fee added to the Meal Plan Prices. If you are a commuter student, you may choose any of the plans below and the Laundry fee will be deducted. **Please put a check below to indicate Residential or Commuter, and circle the meal plan of your choice.**

CHECK HERE-----**COMMUTER** \_\_\_\_\_ **RESIDENTIAL** \_\_\_\_\_ **Student**

**Your semester bill must be satisfied in order for your CobyCard and meal plan to remain activated**

PLAN	MEALS per WEEK	COBY CASH	PRICE
<b>19 Traditional</b>	<b>19</b>	<b>\$250</b>	<b>\$2,183.00</b>
19A Extra CobyCash	19	\$350	\$2,283.00
<b>17 Traditional</b>	<b>17</b>	<b>\$250</b>	<b>\$2,133.00</b>
17A Extra CobyCash	17	\$350	\$2,233.00
<b>14 Traditional</b>	<b>14</b>	<b>\$250</b>	<b>\$2,073.00</b>
14A Extra CobyCash	14	\$350	\$2,173.00
<b>12 Traditional</b>	<b>12</b>	<b>\$250</b>	<b>\$2,028.00</b>
12A Extra CobyCash	12	\$350	\$2,128.00
<b>10 Traditional</b>	<b>10</b>	<b>\$250</b>	<b>\$1,833.00</b>
10A Extra CobyCash	10	\$350	\$1,933.00
<b>COMMUTER STUDENTS</b>			<b>ANY OF THE ABOVE OR</b>
5 Meal Plan	Any 5 meals per week	\$100	\$700.00
3 Meal Plan	Any 3 meals per week	\$100	\$480.00
P200	CobyCash Account	\$200	\$200.00
BT350	CobyCash Account	\$350	\$350.00

**\* PLEASE CIRCLE YOUR CHOICE \***

NAME: \_\_\_\_\_

Student ID Number 800 - \_\_\_\_ - \_\_\_\_

**I have read and understand the meal plan information and agree to adhere to the policies and conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CAS Representative: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

PER: \_\_\_\_\_

BANNER:  4/12/2012

ODYSSEY: