THE OFFICE OF RESIDENCE LIFE
MEAL PLAN CHANGE FORM

NAME: _____ ROOM ASSIGNMENT: _____

CURRENT PLAN: **1-** Carte Blanche $125 dining dollars **2-** 14 meals/week $300 dining dollars **3-** 10 meals/week $375 dining dollars **4-** 7 meals/week $275 dining dollars

STUDENT ID#: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

STUDENTS WHO HAVE COMPLETED LESS THAN 30 CREDITS MUST MAINTAIN MEAL PLAN 1.
IF YOU HAVE COMPLETED LESS THAN 30 CREDITS, YOUR MEAL PLAN WILL NOT BE CHANGED.

I wish to change my meal plan for the _____ semester.

I wish to change my meal plan **FROM** 1 2 3 4

TO 1 2 3 4

SIGNATURE: _____ DATE: _____

CC: White- file , Yellow- student