

Fall/Spring Meal Plan Request

Date: _____

Requested Term: _____

Student Name: _____

ID#: _____

Phone #: _____

Cashier : _____

Is the student registered ? _____yes _____no (must be registered before meal plan applied)

Desired Meal Plan:

Commuter meal plan (30 Meals/\$200 Flex)	\$ 440.00	_____	(MP20)
Commuter meal plan (30 Meals/\$350 Flex)	\$ 590.00	_____	(MP24)
Commuter meal plan (50 Meals/\$200 Flex)	\$ 600.00	_____	(MP21)
Commuter meal plan (50 Meals/\$350Flex)	\$ 750.00	_____	(MP25)
Commuter meal plan (9 Meals per Week/\$200 Flex)	\$ 1,344.00	_____	(MP22)
Commuter meal plan (9 Meals per Week/\$350 Flex)	\$ 1,494.00	_____	(MP23)

Method of Payment: (check to all that apply)

Financial Aid \$ _____

Cash \$ _____

Check \$ _____

Credit Card \$ _____

Please return the form to the Business Office.

Please do NOT fill out:

Date applied code: _____

Date applied to Blackboard: _____

Date called student/Notes : _____
