

Fall/Spring Commuter Meal Plan Request

Date: _____

Requested Term: _____

Student Name: _____

ID#: _____

Phone #: _____

Cashier : _____

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

Desired Meal Plan:

Commuter meal plan (30 Meals/\$200 Flex)	\$ 425.00	_____	(MP20)
Commuter meal plan (30 Meals/\$350 Flex)	\$ 575.00	_____	(MP24)
Commuter meal plan (30 Meals/\$500 Flex)	\$ 725.00	_____	(MP26)
Commuter meal plan (50 Meals/\$200 Flex)	\$ 575.00	_____	(MP21)
Commuter meal plan (50 Meals/\$350 Flex)	\$ 725.00	_____	(MP25)
Commuter meal plan (50 Meals/\$500 Flex)	\$ 875.00	_____	(MP27)
Commuter meal plan (9 Meals per Week/\$200 Flex)	\$ 1,272.00	_____	(MP22)
Commuter meal plan (9 Meals per Week/\$350 Flex)	\$ 1,422.00	_____	(MP23)
Commuter meal plan (9 Meals per Week/\$500 Flex)	\$ 1,572.00	_____	(MP28)

Method of Payment: (check all that apply)

- Financial Aid \$ _____
- Cash \$ _____
- Check \$ _____
- Credit Card \$ _____

Please turn form into V. Meshia Williams

Please do NOT fill out:

Date applied code: _____

Date emailed Sheila to apply to Blackboard: _____

Date called student/Notes: _____
