

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) | \$ 1,350.00 | _____ | (MP22) |
| Commuter meal plan (9 Meals per Week/\$350 Flex) | \$ 1,490.00 | _____ | (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 : _____
