Fall/Spring 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) $ 433.33   (MP20)
- ▢ Commuter meal plan (30 Meals/$350 Flex) $ 583.33   (MP24)
- ▢ Commuter meal plan (50 Meals/$200 Flex) $ 588.00   (MP21)
- ▢ Commuter meal plan (50 Meals/$350 Flex) $ 738.00   (MP25)

- ▢ Commuter meal plan (9 Meals per Week/$200 Flex) $ 1,310.00   (MP22)
- ▢ Commuter meal plan (9 Meals per Week/$350 Flex) $ 1,460.00   (MP23)

Method of Payment: (check all that apply)

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

Please turn form into the Business Office.

Please do NOT fill out:

Date applied code: _____

Date emailed Sheila to apply to Blackboard: _____

Date called student/Notes: _____

_____