**The Office of Residence Life and Housing**
**2009 Summer/Winter Meal Plan Request Form**

Attention: All correspondence regarding housing will be emailed to your campus e-mail address.

| | | |
|---|---|---|
| Student's Name: | | Date of Birth: / / |
| Last | First | MI |
| Student Campus Wide ID. No. (CWID): | | □ Male □ Female |
| **Summer/Winter** Campus Address: | | Campus E-mail Address: |
| Permanent Home Address: | | |
| Home Telephone No.: | | Cellular Phone No.: |
| Session Applied for: □ Summer 20___ | (check for which summer session) I___ II___ | □ Winter 20____ |

❒ Check here if you will be commuting during the Summer or Winter Session.

**Choose your meal plan below (please check one):**

❒ 14 meals per week

❒ 19 meals per week

I understand that by signing my name below that I am authorizing a change in my meal plan status. I also understand that after the second week of each semester I can no longer reduce my meal plan and that I can increase my meal plan at any time.

Signature _____ Date _____

**Official Use Only**

Authorized by (PLEASE PRINT):_____
Position: _____
Date Changed: _____
Authorizing Signature: _____

**Attach a copy of the previous meal plan and new meal plan to this form.**