



The Office of Residence Life and Housing

Meal Plan Request

Name _____ SID _____

Current Address (for commuter students) _____

Campus Address _____

Contact Number _____

Current Meal Plan (PLEASE CHECK ONE)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Any 100 | <input type="checkbox"/> 14 meals a week |
| <input type="checkbox"/> Any 25 | <input type="checkbox"/> 5 meals a week | <input type="checkbox"/> 19 meals a week |
| <input type="checkbox"/> Any 50 | <input type="checkbox"/> 7 meals a week | |
| <input type="checkbox"/> Any 75 | <input type="checkbox"/> 10 meals a week | |

New Meal Plan (PLEASE CHECK ONE)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Any 100 | <input type="checkbox"/> 14 meal a week |
| <input type="checkbox"/> Any 25 | <input type="checkbox"/> 5 meal a week | <input type="checkbox"/> 19 meals a week |
| <input type="checkbox"/> Any 50 | <input type="checkbox"/> 7 meals a week | |
| <input type="checkbox"/> Any 75 | <input type="checkbox"/> 10 meals a 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: _____

Authorizers Signature: _____

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