



MEAL PLAN CHANGE FORM

Student Name _____

CWID# _____ Term _____

Check CURRENT Meal Plan

Check REQUESTED Meal Plan

Residence Hall Plans

Residence Hall Plans

_____ 10 Meal / 7-day + \$115 Flex (D)

_____ 10 Meal / 7-day + \$115 Flex (D)

_____ 15 Meal / 7-day + \$85 Flex (E)

_____ 15 Meal / 7-day + \$85 Flex (E)

_____ 19 Meal / 7-day + \$50 Flex (F)

_____ 19 Meal / 7-day + \$50 Flex (F)

Commuter Plans

Commuter Plans

_____ 5 Meal / 5-day (1)

_____ 5 Meal / 5-day (1)

_____ 3 Meal / 5-day + \$175 flex (3)

_____ 3 Meal / 5-day + \$175 flex (3)

_____ Meal Plan Cancellation (X)

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I acknowledge acceptance of the meal plan indicated above for the specified term. I further understand that this will be charged to my student account and due by the sixth day of the term or immediately if changed after the sixth day of the term.

Student Signature _____

Date _____

Business Service Signature _____

Date _____



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