

MEAL PLAN CHANGE FORM

(PLEASE PRINT LEGIBLY)

TODAY'S DATE: _____

NAME: _____ ID NUMBER: |_|_|_|_|_|_|_|_|

PLAN I WANT TO BE ON:

- A - 19 BOARD MEALS PER WEEK
- B - 14 BOARD MEALS PER WEEK + 125.00 FLEX DOLLARS PER SEMESTER
- C - 10 BOARD MEALS PER WEEK + 200.00 FLEX DOLLARS PER SEMESTER
- D - ALL FLEX - \$1,200 FLEX DOLLARS PER SEMESTER

SIGN HERE TO AUTHORIZE THIS CHANGE: _____

IMPORTANT:

- MEAL PLANS MAY BE CHANGED THE FIRST 2 WEEKS OF THE SEMESTER.
- YOU MAY NOT CHANGE YOUR MEAL PLAN AFTER YOU HAVE SUBMITTED THIS FORM.
- MEAL BALANCES PRO-RATE WHEN YOU CHANGE YOUR PLAN. IF YOU EAT MORE MEALS THAN YOUR NEW PLAN CARRIES YOU MAY NOT HAVE ENOUGH MEALS FOR THE WEEK, PLEASE PLAN ACCORDINGLY. PLAN BALANCES RESET MONDAY MORNING.