



MEAL PLAN CHANGE REQUEST FORM

Name: _____ Student ID#: _____ Today's date: _____

Hall & Room: _____ Phone#: _____ beginning Term: Fall ___ Jan ___ Spring ___

1. Please change my meal plan to (circle one): **8 10 14 Carte Blanche (Unlimited) Townhouse Style (0)** per week for the remainder of the current academic year. Meal plan charges are pro-rated according to the number of weeks used. In accordance with my Residence Hall and Dining Services License, I understand that I cannot select 0 meals per week unless I live in a townhouse (Ageno East/West, Guerrieri East/West, Sabatte, Syufy, Thille, or Freitas **only**).

2. This change is an (circle one): **increase decrease cancel** of my current meal plan.

NOTE: I understand that I cannot *decrease* my meal plan after the first two weeks of the semester, but I may *increase* my meal plan at any time.

Student Signature: _____

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ORL OFFICE USE ONLY:

Entered MPSM Change

File w/ contract

Initial: _____

Date: _____

Campus Housing Office

Phone: (925)631-4241 ~ Fax: (925)631-0461 ~ E-mail: housing@stmarys-ca.edu ~ Location: Mitty Hall, Ground Floor