

MARQUETTE UNIVERSITY  
Office of Residence Life  
Form #59

Office Use Only: Date                      Initials

\_\_\_\_\_ Date                      Last Name                      First Name                      M.I.

Marquette ID # \_\_\_\_\_  Residence Hall     Off-Campus     Faculty/Staff

Please note: Loyalty 50 Plan meals purchased in the Fall semester carry over to the Spring semester. Any meals remaining at the conclusion of the Spring semester will expire. \_\_\_\_\_ initial

\_\_\_\_\_ University Address

Changes/Additions/Comments

This is to certify that I have chosen to change/cancel my meal plan as designated to the left.

\_\_\_\_\_ Signature                      Date