



# RA MEAL PLAN UPGRADE FORM

ALL MEAL PLAN CHANGES MUST BE COMPLETED BY MONDAY, APRIL 9, 2018

## 1. INDIVIDUAL INFORMATION

Name (Last, First M.): \_\_\_\_\_ University ID #: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Room/Apt: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. BOARD CONTRACT SELECTION (check applicable) only one change per quarter allowed

CHANGE my current plan to the following:  Open Access  Base 14

## 2. POLICY INFORMATION

- Execution of the board contract is not a commitment of admission, enrollment, or employment within the university.
- University housing residents are permitted to make one request per quarter to change/cancel their required board contract within the first week of the quarter.
- Completing this form does not mean that your request had been approved. You will be notified of the decision regarding cancellation or non-standard reduction requests, within ten business days if it has not been approved.
- Any contract adjustment of charges, resulting from approval of this request, will be prorated from the date that your request is received by University Food Service Department. This may result in additional charges based on use and/or the duration of time in which a meal plan is possessed before a cancellation/change is requested.
- By using your plan and participating in the dining program, you agree to accept all the terms, conditions, and restrictions of this dining contract and any revisions to it, which may be made at the sole discretion of the University.
- The board contract action you have selected and the subsequent charges or credits will be posted to your university account, within 30 business days, unless otherwise indicated.

## 3. SIGNATURE

I have read, understand and agree to the terms & policies of the University Food Service Contract. I have read and understand the proper use and associated charges for the meal plan contract action I have selected. I understand that the board contract is valid for the entire Northwestern University academic year remaining after the signature date on this contract, excluding University vacations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RD Name: \_\_\_\_\_ Area: \_\_\_\_\_

RD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION IS FOR UNIVERSITY FOOD SERVICE DEPARTMENT USE ONLY

	Old Plan	New Plan	CBORD:
Plan			CBORD Date:
# Board			RMS:
# Points			RMS Date: