

Commuter Meal Plan Request 2018-19



First Name: _____ Last Name: _____

Student ID: _____ CSP Email: _____

Semester applying for meal plan: _____ Fall _____ Spring

Meal Plan Options: (check your preference)

_____ **100 Commuter Flex Points – cost \$100**

_____ **250 Commuter Flex Points – cost \$250**

_____ **400 Commuter Flex Points – cost \$400**

Flex points can be used to make purchases at the Student Life Center and the Commons Café.

Flex points not used at the end of fall semester will roll to spring semester. Flex points not used at the end of spring semester will not carry over to the summer or fall semesters.

I have read over the above options and I am aware that cost will be charged to my student account.

(Student Signature)

(Date)

Return completed form to Meyer Hall 111.

For office use only: _____ *Date entered into Banner* _____ *Date sent Sodexo; Stu Accts*