

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