

MEAL PLAN APPLICATION

PLEASE PRINT

Name _____
Last First MI

Address _____
Number Street City State Zip

Student ID Number _____ Email _____ Telephone Number _____

Meal Plans

Applying for semester beginning (check one): Fall Spring Summer Year _____

- Nifty-50 Plus Plan 50 meals per semester (an average of 3 meals per week) + \$250 Café Cash
- Blue Devil Plan 80 meals per semester (an average of 5 meals per week) + \$100 Café Cash
- LTU Favorite Plan 120 meals per semester (an average of 8 meals per week) + \$200 Café Cash
- Café Cash \$50 initial payment, \$25 increments thereafter **Enter Amount \$** _____

General Information

The cost of your meal plan will be charged to your student account on a semester basis. You automatically will be charged in the spring semester for the same meal plan you chose for the fall semester unless you submit a change in writing to the Office of University Housing by the end of the first week of classes in the spring semester. Payments on your student account must be made in accordance with Lawrence Tech policies.

Each time you choose a meal, tell the Café Lawrence cashier in the service area that you are using either your meal plan or your Café Cash. Each time you go through the service area, one meal will be deducted from your semester allotment. You may go through more than once per mealtime (e.g., two times during lunch), but a meal will be deducted each time. Any unused portion of your meal plan does not carry over from one semester to the next. Unused Café Cash dollars from the fall semester, however, do roll over to the spring semester. Unspent Café Cash will be forfeited at the end of the spring semester.

Meal Plan Exemptions

Residential students wishing to be exempted from participating in the meal plan program must complete a Board Plan Requirement Exemption Request form and provide supporting documentation. This form is available in the Office of University Housing. Upon receipt, all exemption requests will be reviewed by the Director of Residence Life. Students who do not obtain an exemption will be held accountable financially for their board plan.

Signature of Student _____ **Date** _____

Signature of Parent or Guardian _____ **Date** _____

I agree to accept full responsibility for all debts to the University incurred by this applicant, who is a minor (less than 18 years of age).

For Office Use Only:
 Change in Meal Plan (please describe and list reason) _____

Date _____ Student Signature _____