Please print:

Last Name       First Name    MI

Banner ID No.        '04-'05 academic year address (if known)

Please circle:

Have you had a LTU meal plan previously?     YES  NO

Are you living in University Housing for the 2004-2005 academic year?  YES  NO

I would like to have a meal plan for the following semesters: Fall Spring Both

I would like to sign-up for the following # of meals per semester: 180 meals 135 meals 90 meals

Average of: (12 meals/wk) (9 meals/wk) (6 meals/wk)

Price per semester: $945.00 $725.00 $475.00

General information:
The cost of the meal plan will be charged to your student account on a semester basis. The meal plan must be paid in full each semester before the student can utilize the service in the cafeteria.

Each time you go through the service area of Café Lawrence, 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. Meals generally consist of an entrée, side dish and beverage; a list of possible meals is available upon request.

Unused plans do not carry over from one semester to the next.

Cancellation policy:
Students who chose the service prior to the beginning of the semester may cancel the service within the first two weeks of classes each semester, provided they have not used the service for that semester. If the student has used the service even one time, it cannot be cancelled. No cancellations can be made after the first two weeks of each semester, even if the service has not been used.

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): ___________________________

_____ Cancellation of meal plan (please describe): ___________________________

Date: ___________    Student signature: ___________________________

Reason: ___________________________