

Meal Plan Change Request: 2012-2013



TechID _____ Name _____

Daytime Phone _____ Hall and Room _____

Meal Plan Changes

To request a meal plan change, please complete this form and sign at the bottom. Then, return it to the Department of Residential Life. The last day to change meal plans for each semester is the Friday of the second week of class. After this date, change requests will take effect the following semester. A limited number of Maverick Flex plans are available. Students on a Maverick 160 plan who have used all of their meals prior to the end of the semester may purchase a new meal plan with weekly prorated charges or purchase Flex Dollars only.

1. Indicate the meal plan you have NOW.

Maverick AnyTime Maverick 14 Maverick 160 Maverick Flex

2. Mark the appropriate semester.

Fall Semester Spring Semester

3. Indicate the meal plan you would like to request.

Maverick AnyTime
Unlimited Dine-In Access Includes 65 Flex Dollars

Maverick 14
14 Meals per Week Includes 150 Flex Dollars

Maverick 160
160 Meals per Semester Convert Meals to Flex Dollars

I want to use one of my conversion opportunities now!

Convert meals now at a rate of 5.10 Flex Dollars for each meal.

0-160

Maverick Flex (Limited number of contracts available. Contact the Department of Residential Life to inquire about availability.)
200 Flex Dollars per Semester No Meals Included

Meals are not transferable to other people. You and you alone may eat your meals. Refunds may be available only if the student has withdrawn from the University or has written documentation of a medical or health problem which would impede the student's ability to remain on a meal or Flex Dollars plan. Please inquire at the Department of Residential Life for more detailed information about associated charges if you wish to cancel your meal plan.

Charges for meal plans will be added to your University account. Payments for meal plans are due in accordance with the Payment Due Dates as outlined in the Student Guide to Financial Policies and Information. Failure to satisfy these financial obligations will result in the denial of further meals (without refund) and/or a hold on registration and official records.

I request my meal plan be changed as indicated above. I understand my charges will be adjusted accordingly.

4. Signature _____ Date _____

For Office Use Only

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