EASTMAN SCHOOL OF MUSIC

Spring 2019 Dining Plan Change Request
(01/21/19 – 01/25/19 – $25 Fee Applies)

COMPLETED FORMS MUST BE FAXED OR EMAILED TO THE RIVER CAMPUS ID CARD OFFICE (276-0143) ON OR BEFORE THE LAST DAY OF THE CHANGE PERIOD.
FORMS RECEIVED AFTER 01/25/19 WILL NOT BE PROCESSED

Name: _____________________________________________________________________________________________________________________

[Last]                                                                       [First]                                                                [MI]

ID #: _______________________________ Phone #: ___________________________   Class: ________________

RESIDENT STUDENTS:
• 1st Year  Meliora or Blue Unlimited or Option A Declining Balance Plan.
• Sophomores and Juniors Meliora or Blue Unlimited, Option A or Option B Declining Balance Plan.
• Seniors & Graduate students Minimum requirement of Option C Declining Balance Plan, but may select from all plan options.

OFF CAMPUS REQUIREMENTS: Undergraduate students living at home or off campus may select any meal plan with a minimum requirement of the Commuter Declining Plan.

CHANGE MY DINING PLAN TO:

1st Year
☐ Meliora Unlimited
☐ Blue Unlimited
☐ Option A Declining

Sophomores & Juniors:
☐ Meliora Unlimited
☐ Blue Unlimited
☐ Option A Declining
☐ Option B Declining

Seniors & Resident Grads
☐ Meliora Unlimited
☐ Blue Unlimited
☐ Option A Declining
☐ Option B Declining
☐ Option C Declining

Commuter Students
☐ Meliora Unlimited
☐ Blue Unlimited
☐ Option A Declining
☐ Option B Declining
☐ Option C Declining
☐ Commuter Declining

SPRING UROS – FLEXIBLE SPENDING

URos deposits via the student account will renew for the spring semester

☐ ADD UROS DEPOSIT: ____________ ($20 MINIMUM, $1000 MAXIMUM)  ☐ CHANGE UROS DEPOSIT TO: __________ ($20 MINIMUM, $1000 MAXIMUM)

☐ CANCEL UROS DEPOSIT (OPTION ONLY IF FULL DEPOSIT HAS NOT BEEN ACCESSED)

Student Signature: __________________________________________________________ Date: ____________

FOR OFFICE USE ONLY

Current Plan: ____________  New Plan: _______________

Meal/Fixed Refund $___________  Meal/Fixed Charge $___________  URos Refund $___________
Declining Refund $___________  Declining Charge $___________  Declining Charge $___________
Net Refund $___________  Net Charge $___________

☐ $25 Fee Applies

Effective Date: ______/____/____
□ BB  □ ISIS  □ Access: Excel Initials: __________

mealplans@services.rochester.edu

Fax: (585) 276-0143