# FRATERNITY DINING CONTRACT 2019-2020

**LAST NAME**  
**FIRST NAME**  
**STUDENT ID #**

**CLASS YEAR**  
**PHONE #**  
**BLDG/ROOM #**

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## FRATERNITY AND SORORITY AFFAIRS

Please select your fraternity by placing a check mark below:

(   ) ADP  (   ) PSI U  (   ) SIGMA CHI  (   ) THETA CHI

Fraternity Dining Plan:  (   ) Full  (   ) Partial  
Annual Fraternity Plan Charge:  $_________________________

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## UNIVERSITY DINING PLAN TERMS & CONDITIONS

- Registration for fall Fraternity meal plans ends 05/03/19
- If you do not complete online dining registration or return a dining contract, you will be assessed a $50 late registration fee
- Fall semester changes are accepted 05/03/19-06/30/19 (Open change period); 07/01/19-09/06/19 (25 fee applies)
- Spring semester changes are accepted 10/21/19-10/26/19 (Open change period); 12/02/19-12/07/19 (25 fee applies)
- Students living in the fraternity house must remain on the full Fraternity meal plan

## FULL FRATERNITY MEAL PLAN REQUIREMENTS:

Full fraternity dining plan members must enroll in a minimum declining balance of $200 each semester.

- [   ] $200 Declining each semester  
- [   ] $__________ Declining each semester

## PARTIAL FRATERNITY MEAL PLAN REQUIREMENTS:

All Resident Students enrolled in a partial fraternity meal plan ($1700/semester) are required to purchase at least an Option D Declining Balance plan of $1187/semester. Students living off campus who enroll in a partial fraternity meal plan have no declining requirement.

- [   ] Option D Declining $1187 each semester  
- [   ] $__________ Declining each semester

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## URos ACCOUNT DEPOSIT - minimum deposit $20, maximum $1,000 per semester. (Optional – not a requirement)

The URos deposit is a per semester deposit and will automatically renew for the spring semester (please check one).

- [   ] $20/sem.  
- [   ] $50/sem.  
- [   ] $100/sem.  
- [   ] $250/sem.  
- [   ] $500/sem.  
- [   ] $1000/sem.  
- [   ] $__________ (other)

Student Signature:  ___________________________  Date:  ________________

Fraternity Officer Signature:  ___________________________  Date:  ________________

Fraternity & Sorority Affairs Staff:  ___________________________  Date:  ________________

Please read this form, the Fraternity Dining Plan certification form and the Fraternity Terms & Conditions before signing. This is a legal document. By signing you understand, agree with and will abide by all conditions.

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## FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Credit Plan</th>
<th>Charge Plan</th>
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<tbody>
<tr>
<td>Meal/Overhead</td>
<td>Meal/Overhead</td>
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<tr>
<td>Declining</td>
<td>Declining</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
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</tbody>
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| $__________ | $__________ | [   ] $25 Modification Fee |
| $__________ | $__________ | URos Deposit $__________ |

{   } ISIS  
{   } BLACKBOARD  
{   } ACCESS  
{   } EXCEL  
Initials:  ____________

Copies: Dining Services, Fraternity & Sorority Affairs, Student