UNIVERSITY OF ROCHESTER

Fall 2019 Dining Plan - Change Request

Name:[Last]		[First]			
ID #:	Class:	Residence Hall:		[,,,,]	
	(0:	<u>Terms and Cond</u> 5/03/19-06/30/19 – Open			
	COMPLETED FORMS MU	IST BE RECEIVED BY THE ID CA	ARD OFFICE IN SBA HALL BY 0	6/30/19.	
Resident Group 1: Genes Resident Group 2: Burtor Resident Group 3: Ander Resident Group 4: Brook	meal plan requirements are see, Gilbert, Hoeing, Susan B n, Crosby, Fairchild, Kendrick, son, Chambers, DKE, Dougla 's Crossing, DeKiewiet, Hill C aisonettes, Riveview Apartme	. Anthony, Tiernan . Lovejoy, Munro, O'Brien ass Leadership House, Dram ourt 1 bedroom apartments (a House, Gale, SAM, Sig EF	P, Wilder 141 & 144; Munro 111 & 114)	
OFF CAMPUS REQUIREM	ENTS: Have a minimum requ	irement of the Commuter De	clining Plan each semester b	out may select from all meal option	
		CHANGE MY DINING P	PLAN TO:		
Residential Group 1	Residential Group 2	Residential Group 3	Residential Group 4	<u>Commuters</u>	
□ Meliora Unlimited□ Blue Unlimited□ 150 Pass Plan	☐ Meliora Unlimited☐ Blue Unlimited☐ 150 Pass Plan☐ Option A	 □ Meliora Unlimited □ Blue Unlimited □ 150 Pass Plan □ Option A □ Option B □ Option C 	 □ Meliora Unlimited □ Blue Unlimited □ 150 Pass Plan □ Option A □ Option B □ Option C □ Option D 	 □ Meliora Unlimited □ Blue Unlimited □ 150 Pass Plan □ Option A □ Option B □ Option C □ Option D □ Commuter Declining 	
	UROS – FLEXIBLE	SPENDING – FALL DEPOSIT	S WILL RENEW SPRING SEM	<u>ESTER</u>	
\square ADD UROS DEPOSIT:	(\$20 min., \$1	000 max.) 🔲 CHANGE U	ROS DEPOSIT TO:	_ (\$20 min., \$1000 max.)	
☐ CANCEL UROS DEPOS	SIT (OPTION ONLY FOR FULL DEPOSI	T BALANCE)			
Student Signature			Da	Date:	
		FOR OFFICE USE	ONLY		
Current Plan:	New Plan:		Open Change Period		
Declining Refund \$	Declii	3		Ros Refund \$ Ros Deposit \$	
Effective Date:	//_ □ BB	□ ISIS	□ Access E	Excel Initials:	

Fax: 585-276-0143