UNIVERSITY OF ROCHESTER
Fall 2019 Dining Plan - Change Request

Name: _____________________________________________________________________________________________________________________ 
[Last]                                                                       [First]                                                                [MI] 
ID #: ____________________________     Class: ____________      Residence Hall: ___________________________

Terms and Conditions
(07/01/19-09/07/19 – $25 change fee applies)

COMPLETED FORMS MUST BE RECEIVED BY THE ID CARD OFFICE IN SBA HALL BY 09/07/19. LATE FORMS WILL NOT BE PROCESSED

RESIDENT STUDENTS (meal plan requirements are assigned by Residential Group):
Resident Group 1: Genesee, Gilbert, Hoeing, Susan B. Anthony, Tiernan
Resident Group 2: Burton, Crosby, Fairchild, Kendrick, Lovejoy, Munro, O’Brien, Slater
Resident Group 3: Anderson, Chambers, DKE, Douglass Leadership House, Drama House, Gale, SAM, Sig EP, Wilder
Resident Group 4: Brook’s Crossing, DeKiewiet, Hill Court 1 bedroom apartments (Chambers 141 & 144; Gale 141 & 144; Munro 111 & 114) 
the Maisonettes, Riverview Apartments, Valentine

OFF CAMPUS REQUIREMENTS: Have a minimum requirement of the Commuter Declining Plan each semester but may select from all meal options.

CHANGE MY DINING PLAN TO:

Residential Group 1 Residential Group 2 Residential Group 3 Residential Group 4 Commuters

☐ Meliora Unlimited  ☐ Meliora Unlimited  ☐ Meliora Unlimited  ☐ Meliora Unlimited  ☐ Meliora Unlimited
☐ Blue Unlimited  ☐ Blue Unlimited  ☐ Blue Unlimited  ☐ Blue Unlimited  ☐ Blue Unlimited
☐ 150 Pass Plan  ☐ 150 Pass Plan  ☐ 150 Pass Plan  ☐ 150 Pass Plan  ☐ 150 Pass Plan
☐ Option A  ☐ Option A  ☐ Option A  ☐ Option A  ☐ Option A
☐ Option B  ☐ Option B  ☐ Option B  ☐ Option B  ☐ Option B
☐ Option C  ☐ Option C  ☐ Option C  ☐ Option C  ☐ Option C
☐ Option D  ☐ Option D  ☐ Option D  ☐ Option D  ☐ Option D
☐ Commuter Declining

UROS – FLEXIBLE SPENDING – FALL DEPOSITS WILL RENEW SPRING SEMESTER

THIS IS AN OPTIONAL DEPOSIT – SKIP OVER IF YOU DON’T WANT TO ADD OR CHANGE

☐ ADD UROS DEPOSIT: ____________ ($20 min., $1000 max.)  ☐ CHANGE UROS DEPOSIT TO: ____________ ($20 min., $1000 max.)
☐ CANCEL UROS DEPOSIT (OPTION ONLY FOR FULL DEPOSIT BALANCE)

Student Signature __________________________ Date: __________________

FOR OFFICE USE ONLY

Current Plan: ____________  New Plan: _______________  ☐ $25 Fee

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Effective Date: _____/_____/____  ☐ BB  ☐ ISIS  ☐ Access

Excel Initials: __________

Dining Services  PO Box 270319, Rochester NY 14627  Fax: 585-276-0143