EASTMAN SCHOOL OF MUSIC

Dining Plan Change Request – Spring 2020 Semester

Terms and Conditions
Open Change Period - 10/21/19-10/26/19
$25 Fee Applies - 12/02/19–12/07/19

Completed forms must be received by the last day of the change period. Forms received after the last day will not be processed

Name: _____________________________________________________________________________________________________________________
[Last] [First] [Ml]
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 – FALL DEPOSITS WILL RENEW FOR THE SPRING SEMESTER
($20 MINIMUM, $1000 MAXIMUM)

- ADD UROS DEPOSIT: __________
- CHANGE UROS DEPOSIT TO: __________
- CANCEL UROS DEPOSIT

Student Signature: ____________________________ Date: ________________

FOR OFFICE USE ONLY

Current Plan: ____________ New Plan: _______________

Meal/Fixed Refund $__________ Meal/Fixed Charge $__________ URos Refund $__________
Declining Refund $__________ Declining Charge $__________ URos Deposit $__________
Net Refund $__________ Net Charge $__________

$25 change fee

Effective Date: ___/___/____  BB  ISIS  Access: Excel Initials: __________

mealplans@services.rochester.edu  ID Office Hours: 10am – 7pm weekdays  Fax: 585-276-0143