UNIVERSITY OF ROCHESTER

Spring 2020 Dining Plan - Change Request

Name: _____________________________________________________________________________________________________________________

[Last]                                                                     [First]                                                                [MI]

ID #: ____________________________     Class: ________________      Residence Hall: __________________________________________________

Terms and Conditions

Open Change Period - 10/21/19-10/26/19

$25 Fee Applies - 12/02/19–12/07/19

FORMS RECEIVED AFTER THE END DATE 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, DKE, Fairchild, Hoeing (upperclassmen) Kendrick, Lovejoy, Munro, O’Brien, Slater
Resident Group 3: Anderson, Chambers, Gale, Wilder
Resident Group 4: Brook’s Crossing, DeKiewiet, DLH, Drama House, the Maisonettes, Riverview Apartments, SAM, Sig Ep, and 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
☐ Meliora Unlimited
☐ Blue Unlimited
☐ 150 Pass Plan
☐ Option A

Residential Group 2
☐ Meliora Unlimited
☐ Blue Unlimited
☐ 150 Pass Plan
☐ Option A
☐ Option B
☐ Option C

Residential Group 3
☐ Meliora Unlimited
☐ Blue Unlimited
☐ 150 Pass Plan
☐ Option A
☐ Option B
☐ Option C
☐ Option D

Residential Group 4
☐ Meliora Unlimited
☐ Blue Unlimited
☐ 150 Pass Plan
☐ Option A
☐ Option B
☐ Option C
☐ Option D
☐ Commuter Declining

Commuters

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

SPRING UROS – FLEXIBLE SPENDING – FALL DEPOSITS WILL RENEW 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: _______________  ☐ $25 Fee

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

Effective Date: ____/____/____  ☐ BB  ☐ ISIS  ☐ Access  Excel Initials: ____________

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