#  EASTMAN SCHOOL OF MUSIC

#  Fall 2020 Dining Plan Change Request

###### *05/04/20-06/30/20 - (Open change period)*

###### *07/01/20-09/04/20 - ($25 change fee applies*)

***completed forms must be emailed (******mealplans@services.rochester.edu******) or faxed (585-276-0143) by the last day of each change period.***

***late forms 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 requirementofOption 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 Sophomores & Juniors:** **Seniors & Resident Grads Commuter Students**

* Meliora Unlimited 🞏 Meliora Unlimited 🞏 Meliora Unlimited 🞏 Meliora Unlimited
* Blue Unlimited 🞏 Blue Unlimited 🞏 Blue Unlimited 🞏 Blue Unlimited

🞏 Option A Declining 🞏 Option A Declining 🞏 Option A Declining 🞏 Option A Declining

 🞏 Option B Declining 🞏 Option B Declining 🞏 Option B Declining

 🞏 Option C Declining 🞏 Option C Declining

 🞏 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 minimum, $1000 maximum)* 🞏 **Reduce UROS Deposit to**: \_\_\_\_\_\_\_\_\_\_ *($20 minimum, $1000 maximum)*

🞏 **CANCEL UROS Deposit (option only if full deposit has not been accessed)**

**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: \_\_\_\_\_\_\_\_\_