# UNIVERSITY OF ROCHESTER

# Fall 2020 Dining Plan - Change Request

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Last] [First] [Ml]

ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_ Residence Hall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Terms and Conditions

###### *05/04/20-08/16/20 - (Open change period – extended to 08/16/20)*

###### *08/17/20-09/04/20 - ($25 change fee applies*)

***Completed forms must be emailed to*** [***mealplans@services.rochester.edu***](mailto:mealplans@services.rochester.edu)***. forms received after 09/04/20 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, Chambers, Crosby, Fairchild Gale, Kendrick, Lovejoy, Munro, O’Brien, Slater, Psi Upsilon, Alpha Delta Phi, Theta Chi

Resident Group 3: Anderson, DKE, Douglass Leadership House, Drama House, SAM, Sig EP, Wilder, Sigma Chi

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 B 🞏 Option B 🞏 Option B

🞏 Option C 🞏 Option C 🞏 Option C

🞏 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

**Mea/Fixed Refund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meal/Fixed Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ URos Refund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declining Refund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Declining Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ URos Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Refund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 🞎 BB 🞎 ISIS 🞎 Access Excel Initials: \_\_\_\_\_\_\_\_\_