# University of Rochester - 2023-2024 Dining Plan - Change Request

(Lastname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Firstname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MI)\_\_\_\_\_\_\_\_\_\_\_\_

(Student ID #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Residence Hall)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Class Yr)\_\_\_\_\_\_\_\_\_\_

###### Terms and Conditions

***We encourage financial aid recipients who have questions regarding the cost of their meal plan to connect with their financial aid counselor.***

***Fall Semester:*** *05/01/23-07/03/23 - (Open change period) & 09/18/23-10/13/23 ($50 fee applies)*

***Spring Semester:*** *10/23/23-11/01//23 - (Open Change period) & 02/05/24-03/01/24 ($50 fee applies)*

*email completed forms as a word or pdf attachment to* *mealplans@services.rochester.edu*

 ***we will not process forms received after the last day of each period***

**RESIDENT STUDENTS (meal plan requirements are assigned by Residential Group):**

Resident Group 1: Genesee, Gilbert, Hoeing, Lovejoy, Susan B. Anthony, Tiernan

Resident Group 2: Burton, Chambers, Crosby, Fairchild, Gale, Kendrick, Munro, O’Brien, Slater, any house on the fraternity quad without kitchen access

Resident Group 4: Anderson, Brook’s Crossing, deKiewiet, DKE, Douglass Leadership House, Drama House, Maisonettes, Riverview Apartments,

SAM, Sig EP, Valentine, Wilder

**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 Commuters**

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

🞏 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 C 🞏 Option C

 🞏 Commuter Declining

**UROS – Fall Deposits will renew spring semester (***This is an optional deposit – skip over if you don’t want to add, change or cancel)*

🞏 **Add** **UROS Deposit**: \_\_\_\_\_\_\_\_\_\_\_\_ *($25 min., $1000 max.)* 🞏 **Change UROS Deposit To**: \_\_\_\_\_\_\_\_\_ *($25 min., $1000 max.)*

🞏 **CANCEL UROS Deposit (option only for full deposit balance)**

**Student Signature Date:**

### Do not write below

#### Current Plan: \_\_\_\_\_\_\_\_\_\_\_\_ New Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞐 $100 Fee

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

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

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

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 🞎 BB 🞎 UR Student 🞎 Access Initials: \_\_\_\_\_\_\_\_\_