



MEAL PLAN PURCHASE FORM

Semester/Year: Fall 20_____ Spring 20_____ Summer 20_____

Student Name: _____

Student ID: _____ Student Major: _____

Programs WITHOUT 8 week Internship

- \$_____ per semester-5 meals per week-A
- \$_____ per semester-14 meals per week-B

HEO Summer (Late Start)

- \$_____ per semester-5 meals per week-F
- \$_____ per semester-14 meals per week-E

Programs WITH 8 week Internship ***

- \$_____ per semester-5 meals per week-D
- \$_____ per semester-14 meals per week-C

HEO Spring Internship (April - End of Semester)

- \$_____ per semester-5 meals per week-F
- \$_____ per semester-14 meals per week-E

Student Signature _____ **Date** _____

***** ONLY select this meal plan if you are enrolled in CTG, HET, CAT, INT AND will be gone 8 weeks of the semester on internship**

MEAL PLANS ARE A NON-REFUNDABLE PURCHASE!

Cost of the meal plan will be added to your student account

Yellow copy to student . White copy to cashier