

Commuter Meal Plan Enrollment Form | Deadline: February 11, 2020

COMPLETE THE FOLLOWING AND RETURN TO ENROLLMENT SERVICES – ROOM 101:

Name: _____ Student ID No. _____

Address: _____

Phone: _____ College Email Address: _____

SELECT YOUR MEAL PLAN:

- 5 meals per week - \$730 for the semester including \$100 Flex
- 10 meals per week - \$1,295 for the semester including \$150 Flex

For more information go to tompkinscortland.edu and search on “meal plan.”

SELECT YOUR PAYMENT OPTION:

- Check or money order made payable to Tompkins Cortland Community College
- Available financial aid. Available financial aid is the credit balance after your anticipated aid has been applied to tuition and fees. Please keep in mind that financial aid used toward your meal plan competes with the amount of available financial aid that can be used for book deferrals.
- Credit Card – www.tompkinscortland.edu/campus-life/meal-plan-forms

REFUND POLICY:

FALL AND SPRING SEMESTERS

| | |
|-----------------------------------|------|
| Prior to the start of classes | 100% |
| During the first week of classes | 75% |
| During the second week of classes | 50% |
| During the third week of classes | 25% |
| After the third week of classes | 0% |

I am aware that signing and submitting this form signifies that I have read, understood and agree to abide by the college's meal plan policies.

I understand that if I withdraw completely from school, any unused meal plan money will be refunded according to the above schedule.

Student's Signature: _____ Date: _____