

Meal Plan Change Form | Deadline: September 18, 2019

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

Name: _____ Student ID No. _____

Address: _____

Phone: _____ College Email Address: _____

PLEASE INDICATE YOUR CURRENT MEAL PLAN:

- 16 meals per week - \$1,665 for the semester including \$150 Flex
- 14 meals per week - \$1,555 for the semester including \$150 Flex (Mandatory for Residential Students)
- 10 meals per week - \$1,295 for the semester including \$150 Flex (Commuter only)
- 5 meals per week - \$730 for the semester including \$100 Flex (Commuter only)

I WOULD LIKE TO CHANGE TO THE FOLLOWING MEAL PLAN (Housing students must maintain a minimum 12 meal per week plan):

- 16 meals per week - \$1,665 for the semester including \$150 Flex
- 14 meals per week - \$1,555 for the semester including \$150 Flex (Mandatory for Residential Students)
- 10 meals per week - \$1,295 for the semester including \$150 Flex (Commuter only)
- 5 meals per week - \$730 for the semester including \$100 Flex (Commuter only)

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

PAYMENT OPTIONS:

- 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, fees, and housing charges. 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: _____