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–80 meals per semester-A
- $______ per semester–14 meals per week-B

**HEO Summer (Late Start)**
- $______ per semester–65 meals per semester-F
- $______ per semester–14 meals per week-E

**Programs WITH 8 week Internship***
- $______ per semester–40 meals per semester-D
- $______ per semester–14 meals per week-C

**HEO Spring Internship (April - End of Semester)**
- $______ per semester–60 meals per semester-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