



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