Meal Plan Change Request Form

Except for the addition of dining dollars, all meal plan change requests must be submitted prior to the end of the Drop/Add period.

**APPLICANT INFORMATION**

Name: ___________________________ GSW Student I.D. #: ____________

First  Middle  Last

Primary Phone: ____________________ GSW Email: _______________________

Classification: □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Graduate Student
  □ Faculty/Staff  □ Other: ___________________________

Current Plan: _______________________________________________________

**WEEKLY MEAL PLAN OPTIONS**

Meal plans are for each semester. At the end of the term, unused meals and flex dollars are removed. A new plan is added at the start of the next semester. Residential students with less than 60 credit hours who have not lived on campus four full semesters – excluding summer terms – are required to purchase a weekly meal plan. **Please indicate your requested meal plan below.**

- □ 10 Meals per week w/ 3 Meal Exchanges and $325 Flex Cash $1,880
- □ 15 Meals per week w/ 3 Meal Exchanges and $225 Flex Cash $1,980
- □ Unlimited Meals per week w/ 3 Meal Exchanges and $175 Flex Cash $2,085

**BLOCK PLAN OPTIONS**

Block plans reset at the end of each semester and meals not used will be forfeit. Please indicate your requested block plan below. **(Indicates a block plan offered to GSW faculty and staff only.**

- □ 80 Meals per terms w/$300 Flex Dollars $935

**DINING DOLLARS**

Dining dollars can be added at any time of the academic year. You may add any amount in increments of $50.00. Please specify the amount you would like to add in the space provided below. Minimum required $500.

Dining Dollar Total: ____________________________

Please sign and date below stating the information you provided is correct and that you understand the information stated above. Please return this form to the Office of Residence Life.

Signature of Student ___________________________ Date ________________

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Office Use Only

□ Processed  □ Not Processed; Reason: __________________________

Residence Life Staff: ___________________________ Date: ________________