

**ENTER PROPER INFORMATION AND PRINT OUT THIS FORM**

La Salle University  
MEAL PLAN

A/P USE ONLY

**I - Request**

<input type="checkbox"/> CHANGE	FROM PLAN	TO PLAN
<input type="checkbox"/> WITHDRAWAL		

**II - Student Information**

STUDENT'S NAME		UNIVERSITY ID NO.
PERMANENT ADDRESS - STREET	APT. NO.	REQUESTED DATE OF CHANGE/WITHDRAWAL
CITY	STATE ZIP CODE	HOME PHONE NUMBER
CAMPUS ADDRESS - BUILDING	ROOM/APT.	CAMPUS PHONE NUMBER (215)
<b>Any outstanding obligation with the University must be satisfied prior to the issuance of a refund.</b>		
STUDENT'S SIGNATURE		DATE

**III - Food Services Use Only**

EFFECTIVE DATE	CIRCLE ONE		MEAL PLAN FEE WAIVED	
	REFUND	TRANSFER TO GOLD CARD	Y	N
DIRECTOR'S APPROVAL	CURRENT PLAN	NEW PLAN	DATE APPROVED	
DESCRIPTION				
BASE MEAL PLAN				
S F A	+	+		
SUB TOTAL		-	=	
less Meal Plan Change Fee			-	25.00
SUB TOTAL				

**IV - Bursar's Office Use Only**

less Amount Due on Other Accounts		-	
OTHER ACCOUNTS CHECKED		TOTAL	
__01__03__06__33__51__52		REFUND	
APPROVAL		DATE APPROVED	
Student Type	Remarks		
Athlete			
RA			
Financial Aid			
Deferred Note			

**COPIES**

- Accounts Payable    
 Bursar    
 Food Services    
 Student