

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)
Any outstanding obligation with the University must be satisfied prior to the issuance of a refund.		
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