

Tompkins Cortland Community College
P.O. Box 139 170 North Street
Dryden, NY 13053-0139

COMMUTER MEAL PLAN ENROLLMENT FORM
Deadline: February 15, 2012

COMPLETE THE FOLLOWING AND RETURN TO ENROLLMENT SERVICES – ROOM 215:

Name: _____ **Student ID No.** _____

Address: _____

Phone: _____ **TC3 Email Address:** _____

SELECT YOUR MEAL PLAN:

_____ **12 meals per week** - \$1,080 for the semester including \$150 Flex

_____ **10 meals per week** - \$960 for the semester including \$150 Flex

_____ **8 meals per week** - \$840 for the semester including \$150 Flex

_____ **5 meals per week** — \$570 for the semester including \$100 Flex

For more information go to <http://www.tc3.edu> and search on “meal plan.”

SELECT YOUR PAYMENT OPTION:

_____ Check or money order made payable to Tompkins Cortland Community College

_____ Available financial aid. Available financial aid is the credit balance after your anticipated aid has been applied to tuition and fees. Please keep in mind that financial aid used toward your meal plan competes with the amount of available financial aid that can be used for book deferrals.

_____ Credit Card – see back

REFUND POLICY:

FALL AND SPRING SEMESTERS

Prior to the start of classes	100%
During the first week of classes	75%
During the second week of classes	50%
During the third week of classes	25%
After the third week of classes	0%

I am aware that signing and submitting this form signifies that I have read, understood and agree to abide by the college's meal plan policies. I understand that if I withdraw completely from school, any unused meal plan money will be refunded according to the above schedule.

Signature

Date