

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

COMMUTER MEAL PLAN ENROLLMENT FORM
Deadline: February 3, 2010

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 - BEST VALUE** - \$950 for the semester with \$150 Flex (\$4.38 per meal)

_____ **10 meals per week** - \$850 for the semester with \$150 Flex (\$4.60 per meal)

_____ **8 meals per week** - \$750 for the semester with \$150 Flex (\$4.93 per meal)

_____ **5 meals per week** - \$500 for the semester with \$100 Flex (\$5.26 per meal)

Note: Average cost per meal when purchasing a la carte in the TC3 Café is \$7.24.

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 page 2

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

CREDIT CARD AUTHORIZATION

Student's Name (print): _____
Last First Middle Initial

Student ID No. _____

Check one:

- MASTERCARD DISCOVER VISA

Account No: _____ Expiration Date: _____

Cardholder's Name As It Appears on Card (print):

Last First Middle Initial

Cardholder's Address (where you receive your credit card statement(s):

Street Address or PO Box

City State Zip

Cardholder's Telephone(s): _____

By signing below, I agree to pay the amount indicated for the selected meal plan.

X _____
Cardholder's Signature

Date