

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

**MEAL PLAN CHANGE FORM**  
**Deadline: February 3, 2010**

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

**Name:** \_\_\_\_\_ **Student ID No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **TC3 Email Address:** \_\_\_\_\_

**PLEASE INDICATE YOUR CURRENT 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 – COMMUTER ONLY** - \$500 for the semester with \$100 Flex (\$5.26 per meal)

**I WOULD LIKE TO CHANGE TO THE FOLLOWING 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)

**PAYMENT OPTIONS:**

- \_\_\_\_\_ 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, fees, and housing charges. 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