Commuter Meal Plan Request 2016-17

First Name: ___________________________ Last Name: ___________________________

Student ID: L_______________________ CSP Email: __________________________

Semester requesting a commuter meal plan: _______ Fall _______ Spring

Meal Plan Options:

_______ 100 Commuter Flex Points – Cost: $100 per semester
_______ 250 Commuter Flex Points – Cost: $250 per semester
_______ 400 Commuter Flex Points – Cost: $400 per semester

Flex Points can be used to make purchases at the Student Life Center or at the Commons Café.

Flex Points not used at the end of fall semester will roll to spring semester, but Flex Points not used by the end of spring semester will not carry over to summer or the next fall.

I have read over the above options and I am aware that cost will be charged to my student account.

_____________________________________________ ____________________________
(Student Signature) (Date)

Return completed form to Sharon Schewe, Residence Life Manager, Meyer 111
schewe@csp.edu

For office use only: _______ Date entered into Banner _______ Date sent Sodexo; Student Accts