

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