Name: _____________________________  Student Number: __________________

**Current Meal Plan**
Check the box of the current meal plan you have

- □ Option 1: 100 meal block with $350 declining balance $1,740.00 per semester
- □ Option 2: 150 meal block with $250 declining balance $1,953.50 per semester
- □ Option 3: 200 meal block with $150 declining balance $2,011.50 per semester
- □ Option 4: *only for returning student. First time residents cannot change to this meal plan.*
  $1,750 declining balance $1,750.00 per semester

**New Meal Plan**
Check the box of the meal plan you want to change to

- □ Option 1: 100 meal block with $350 declining balance $1,740.00 per semester
- □ Option 2: 150 meal block with $250 declining balance $1,953.50 per semester
- □ Option 3: 200 meal block with $150 declining balance $2,011.50 per semester
- □ Option 4: *only for returning student. First time residents cannot change to this meal plan.*
  $1,750 declining balance $1,750.00 per semester

Meal plans can ONLY be changed during first two weeks of each semester. One change per student is allowed for no cost. If a student requests a change to be made for a second time a $50 fee will be charged to the student account.

**Explanation of processing:** Students will be charged for the meals that have been used out of the first choice meal plan. A prorated amount of unused meal blocks/declining dollars of the first meal plan will be refunded to the student account. When a student elects to change to a new meal plan the total cost and total blocks/declining dollars will be added to the student account. There will be NO proration of the second meal plan. In most cases, if a portion of the first meal plan was eaten and a new meal plan was selected the total cost will be greater on the bill to the Cashier’s Office.

Once completed, return to the Residential Life office by fax (314.516.6878), drop off (C103 Provincial House), mail or PDF e-mail (umslreslife@umsl.edu). Changes made to meal plan will take 1-3 business days to process.

*By signing I am agreeing that I fully understand and agree to the terms of the meal plan change process.*

Signature: _____________________________  Date: __________________________

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**Office Use Only**

Received in office by (name): _____________________________  Date: __________

Cardsmith Change Completed: _____________________________  Date: __________

THD Change Completed: _____________________________  Date: __________