W.V.U. Dining Services DINING PLAN CHANGE REQUEST for COMMUTERS

Effective Date_____ **Term:** 2009 - August

NAME:_____ **STUDENT ID#:** _____
LAST, (please print) **First** (NO SOCIAL SECURITY NUMBER)

LOCAL PHONE #:_____ **PARENT'S PHONE #:** _____

Non-Resident Commuters *ONLY*

Change my Dining Plan from: (check 1)

- ☐ Gold (229)
- ☐ Blue (209)
- ☐ Mountaineer 19
- ☐ Select 15
- ☐ Select 10
- ☐ Upper Class Elite (80) w/$100 MP
- ☐ Upper Class Express (48)
- ☐ Commuter Special (B & L - Mon - Fri)

To: (check 1)

- ☐ Gold (229)
- ☐ Blue (209)
- ☐ Mountaineer 19
- ☐ Select 15
- ☐ Select 10
- ☐ Upper Class Elite (80) w/$100 MP
- ☐ Upper Class Express (48)
- ☐ Commuter Special (B & L - Mon - Fri)

All dining plans appear as 2 charge lines on your invoice. 1 for the Dining Plan and 1 for your Meals Plus Bonus Bucks. There is no additional fee charged for the Bonus Bucks. The 2 amounts total the cost of your dining plan. It is separated out so that you can spend the bucks in Dining Services locations. Meals Plus Bonus Bucks are non-refundable.

If you are reducing your dining plan **within 2 weeks of purchasing it,** please check one of the following:

- ☐ Credit my student account the pro-rated difference between the 2 plans
- ☐ Place the pro-rated difference into Meals Plus Bonus Bucks which expire at the end of the semester.
- ☐ Place the pro-rated difference into Mountie Bounty if my student account is paid in full.

☐ Change made in person

If you are reducing your dining plan more than 2 weeks after you purchased it, please note the following:

- ☒ The pro-rated difference between the plans will be placed in Meals Plus Bonus Bucks which expire at the end of the semester.

STUDENT SIGNATURE_____ **DATE**_____

Return signed form to WVU Dining Services, G-18 Bennett Tower, PO Box 6430, Morgantown, WV 26506

FAX signed form to (304) 293-2384 or E-mail signed copy to Linda.Wise@mail.wvu.edu

Starting Labor Day dining plan changes are effective on Thursdays.

OFFICE USE ONLY

Received by:	Posted to STAR:	SABO-AR:	Meals remaining Blue/Gold Plan _____/used_____
Date_____	Date_____	Bal._____	Meals Plus remaining $_____
Initials_____	Initials_____	MMPL_____	Initials_____

For your protection the following information will be detached and shredded after processing this contract.

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☐ **Please charge my _____Visa _____Mastercard _____Discover** ☐ **Bill to my student account**

Card # _____ **Expiration Date:** _____ **V#**_____

Cardholder Name:_____

Cardholder's Signature:_____ **Date:**_____