



MEAL PLAN PURCHASE FORM

Semester/Year: Fall 20_____ Spring 20_____ Summer 20_____

Student Name: _____

Student ID: _____ Student Major: _____

_____ \$_____ 40 Meal Block plan

_____ \$_____ 80 Meal Block plan (APPROX 1 MEAL PER DAY)

_____ \$_____ 120 Meal Block plan

_____ \$_____ 14 meals per week (REQUIRED FOR STUDENTS LIVING ON STATE TECH CAMPUS)

Student Signature _____ ***Date*** _____

- **MEAL PLANS ARE A NON-REFUNDABLE PURCHASE!**
- **Cost of meal plan can be added to student account**
- **Dining services are closed/unavailable on any days/times campus is closed or classes are not in session**
- **Only 1 meal plan can be purchased each semester**
- **All meal plan meals expire at semester end and do not rollover to any future semester**