

Kennesaw State University

University Dining

SPRING 2018 MEAL PLAN CHANGE FORM

Name (*print*) _____ KSU NetID: _____

Main Campus (*check one*): KSU ID#: _____

Kennesaw Phone: _____

Marietta

CURRENT PLAN (*check one*):

NEW PLAN (*check one*):

- | | | | |
|------------------------------------|---|------------------------------------|---|
| <input type="checkbox"/> Block 20 | <input type="checkbox"/> Block 220 | <input type="checkbox"/> Block 20 | <input type="checkbox"/> Block 220 |
| <input type="checkbox"/> Block 25 | <input type="checkbox"/> 5Day Unlimited | <input type="checkbox"/> Block 25 | <input type="checkbox"/> 5Day Unlimited |
| <input type="checkbox"/> Block 40 | <input type="checkbox"/> Dining Dollars 25 | <input type="checkbox"/> Block 40 | <input type="checkbox"/> Dining Dollars 25 |
| <input type="checkbox"/> Block 50 | <input type="checkbox"/> Dining Dollars 50 | <input type="checkbox"/> Block 50 | <input type="checkbox"/> Dining Dollars 50 |
| <input type="checkbox"/> Block 80 | <input type="checkbox"/> Dining Dollars 100 | <input type="checkbox"/> Block 80 | <input type="checkbox"/> Dining Dollars 100 |
| <input type="checkbox"/> Block 120 | <input type="checkbox"/> Dining Dollars 200 | <input type="checkbox"/> Block 120 | <input type="checkbox"/> Dining Dollars 200 |
| <input type="checkbox"/> Block 160 | <input type="checkbox"/> Dining Dollars 300 | <input type="checkbox"/> Block 160 | <input type="checkbox"/> Dining Dollars 300 |
| | <input type="checkbox"/> Dining Dollars 505 | | <input type="checkbox"/> Dining Dollars 505 |

Please note:

1. This form is used only to adjust a meal plan previously upgraded via Owl Express. Adjustments to your meal plan can only be made by submitting this form to the Meal Plan Office on the Kennesaw or Marietta Campus before 5:00pm on last day of Add/Drop. Adjustments after this date are not permitted.
2. This form will become part of the Meal Plan Contract and will supersede previously-submitted changes.
3. Students may not downgrade to a plan lower than their minimum requirement.
4. Any meals used under your current plan will be deducted from the new plan upon activation.
5. Mail completed form to the address listed below or drop off in a Meal Plan Office at Kennesaw or Marietta. Faxed and/or e-mailed forms **will not** be accepted.
6. Please allow up to two (2) business days to process the requested change.

Signature: _____ Date: _____

<i>For Office Use Only</i>	
(Received) Date Stamp Here	Meals used on current plan:
	Banner updated on (date):
	Processed by (name):