

Colorado Christian
UNIVERSITY

Meal Plan Selection Form

Print Name: _____ Student ID #: _____

Date of Birth: _____ Hall & Apt. #: _____ or Off Campus: _____ Cell Phone#: _____

Year of college after high school (circle one): **1st 2nd 3rd 4th** High School Graduation Date: _____

For what term(s) are you requesting this meal plan? (circle as many as apply): **Fall 20** _____

Spring 20 _____

*Please complete and return this form and corresponding paperwork (if applicable) to the Residence Life Office. Please contact the Residence Life Office with any further questions or concerns. **All meal plan change requests must be made by the 100% Add/Drop Date (usually the second Wednesday of classes) of the semester for which you are requesting the meal plan.***

Check Desired Meal Plan Below:

(Class standing requirements are for resident students only; off-campus students may choose any plan)

- Plan A** 12 set meals per week and \$300 Declining Balance per Semester
Required for students in the first full year of college following high school graduation (regardless of the number of college credits completed).

- Plan B** (Select one option below)
 - WEEKLY OPTION:** 7 set meals per week and \$300 Declining Balance per Semester
 - BLOCK OPTION:** 100 meals per semester and \$300 Declining Balance per Semester
Minimum requirement for students in their second full year of college following high school graduation.

- *Plan C** 36 meals and \$300 Declining Balance per Semester
***PLAN NOT REFUNDABLE AFTER ADD/DROP DATE**
Available for students who are in their third or fourth full year of college following high school graduation.

- Plan W** Meal plan is waived.
Available for students who are in their third or fourth full year of college following high school graduation.

Any student wishing to change their meal plan to a lesser plan than allowed for his/her class standing must attach to this completed form a signed letter explaining the request for a special exception. Exceptions are extremely rare and should not be expected. You will be notified in writing to confirm a meal plan change or if your request is not approved.

I have read and agree to the guidelines of this agreement and sign with full knowledge of all financial responsibilities. In addition, I have not presented any false information in this selection form and I understand that if I have furnished any false information, I will be subject to disciplinary action.

Signature: _____

Date: _____

For Office Use Only: _____ Date Received: _____ By: _____

Accepted _____ Changed in Colleague _____ By: _____

Denied _____ Notification Sent to Student On: (IPC Com Code) _____ By: _____

Residence Life Staff Signature: _____ Date: _____

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