

Weekly Application for
Meal Plan Only (NO HOUSING)
Summer 2017

For Office Use Only

Date Rec'd _____

Session	# Weeks Meals
Session I	
Session II	
Post-Session	

Name
Last First Middle Initial

WCU ID

Permanent Address

Street

Home Phone

City/Town State Zip Code

Current Local Address (on campus)

Street

Local Phone

City/Town State Zip Code

PREFERRED EMAIL ADDRESS:

Check one:

Graduate Student Senior Junior Sophomore Freshman

Courses you are registered for:

Course Name	Course No #	Credits	Dates
1.			
2.			
3.			
4.			

Meal Plan Option	Fee Per Week	Please Check the Meal Plan That You Wish to Sign Up For	Please Choose the Session(s) That You Wish to Sign Up For
14 Meal Plan	\$70.00	14 Meal Plan	Session I Session II Post-Session
19 Meal Plan	\$80.00	19 Meal Plan	

Please sign me up for the meal plan and sessions checked above. I understand that cancellations must be received by the Office of Residence Life and Housing Services three working days prior to the beginning of the session to guarantee a full refund. I understand that my account will be billed and that payment arrangements are to be made at the Office of the Bursar. Submission of this form states that you have completed and agreed with all information in this form.