

OFFICE OF RESIDENCE LIFE  
UNIVERSITY OF DETROIT MERCY  
**MEAL PLAN ADD/CHANGE FORM**

(Please Print Clearly)

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Bldg: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Meal Plan #: \_\_\_\_\_ Date to be Activated: \_\_\_\_\_

(Choose One)

- 255 Block Meal Plan with \$150 in Flex       190 Block Meal Plan with \$300 in Flex  
 120 Block Meal Plan with \$500 in Flex       No Meal Plan (\*West Quad Residents ONLY)

*Any remaining balance on Flex Dollars will NOT be refunded*

*Deadline for all meal plan changes is the 2<sup>nd</sup> Friday of the semester.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Changed in Banner: \_\_\_\_\_