

Meal Plan Application (Fall 2009)
University of Connecticut, Avery Point Campus

PLEASE PRINT

Name _____
Last First Middle

Student ID _____ Freshman _____ Sophomore _____
Junior _____ Senior _____

Address _____
Street _____
City State Zip Code

Telephone (_____) _____

Email Address _____

YOU WILL NEED YOUR UCONN ID TO ACCESS THIS MEAL PLAN AT FIN'S

PLEASE SELECT ONE MEAL PLAN OPTION:

Meal Plan #1 _____ (4 Breakfasts, 4 Lunches, 1 Dinner per week for 15 weeks)
\$735 per Semester (includes 3 Bonus Guest Passes)

Meal Plan #2 _____ (2 Breakfasts, 2 Lunches, 1 Dinner per week for 15 weeks)
\$465 per Semester

Meal Plan #3 _____ (2 Breakfasts, 2 Lunches per week for 15 weeks) \$330 per Semester

Meal Plan #4 _____ (4 Lunches, 2 Dinners per week for 15 weeks) \$580 per Semester

Meal Plan #5 _____ (4 Lunches per week for 15 weeks) \$360 per Semester

PAYMENT

Full payment must be submitted with this form for your Meal Plan Option to be processed.

____ Check or money order enclosed (Payable to University of Connecticut) Do not send Cash.

____ Credit Card (MasterCard/Visa only)
Card Number _____ 3-digit security code _____
Expiration Date _____
Name as it appears on Card (please print) _____
Credit Card Billing Address _____

Amount billed to credit card (no cents) _____

**** Please initial below to indicate that you have read and understand the following:**

____ I understand that all Meal Plans expire on the last day of the semester.

____ Should I withdraw from the University, fees paid for the Meal Plan will be refunded according to official University policy. (See Undergraduate Catalog)

Signature of Student _____

MAIL FORM AND PAYMENT TO: UConn Avery Point Campus
Business Office
1084 Shennecossett Road
Groton, CT 06340

****DEADLINE DATE FOR RECEIPT OF PAYMENT: August 20, 2009****