Meal Plan Application - Faculty/Staff (Fall 2009)
University of Connecticut, Avery Point Campus

PLEASE PRINT

Name_____
Last **First** **Middle**

Faculty/Staff ID ___ ___ ___ ___ ___ ___ ___

Campus Address _____
Building **Room #**

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)

Faculty/Staff Signature _____

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*****