



FORT HAYS STATE  
UNIVERSITY



# RESIDENTIAL LIFE FORT HAYS STATE UNIVERSITY

## REQUEST FORM | MEAL PLAN CHANGE REQUEST

I am presently on \_\_\_\_\_ meal plan.

I would like to change to the \_\_\_\_\_ meal plan.

### PAYMENT SCHEDULES AND POLICIES

(A) Payments are due on the fifteenth day of the month for each month of the payment plan. (B) A \$25.00 administrative fee is assessed each time a payment due date has been missed until the balance has been satisfied. (C) Access to dining services and other services may be denied if payments are not made within fifteen days after the due date. (D) Failure to comply with this agreement may result in your inability to use payment plans, inability to enroll, and inability to access academic records. In addition, all reasonable collections costs, including attorney fees and other charges necessary for collection of any amount not paid when due, will be charged to the student. Delinquent amounts referred to a collection agency will be reported to one or more National Credit Bureaus. (E) Room, dining services and any other services furnished under this Contract are for the use of the Student to whom this Contract is issued. Transfer to or sharing with another person is not permitted. (F) The student receiving financial aid funds is hereby informed that after all tuition and fees have been paid any remaining funds will be applied to charges due for room and meals under this Residence Hall Contract on a per semester basis. The student accepts the responsibility for making each Contract payment by the date it is due. Outstanding charges are accessible through Tiger Tracks (<https://tigertracks.fhsu.edu>).

Student Name (print) \_\_\_\_\_ FHSU ID Number: \_\_\_\_\_

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

**PRINT FORM**

**RESET FORM**

for office use only below this line

**STAMP DATE RCVD:**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_