

FORT HAYS STATE UNIVERSITY

Department of Residential Life

MEAL PLAN CHANGE REQUEST FORM

Meal plan changes will occur for the first two weeks of each semester. Any requests received after this time will be changed at the beginning of the next semester. Any additional costs resulting from an increased meal plan will be due on the next billing cycle.

I am currently on the _____ meal plan.

I would like to be on the _____ meal plan.

Requesting meal plan change for _____ of 20 _____
Semester Year

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>).

Name _____ University ID No. _____

Your Signature _____ Date _____

----- FOR OFFICE USE ONLY -----

Residential Life Office Timestamp

Completed By _____

Date _____

Notes

Approved Disapproved

Housing Committee

Date _____