Student Name: ________________________________ Pacific ID#: ________________________________

Requested Change for Term/Semester:
- □ General Fall  □ General Spring  □ Pharmacy Fall  □ Pharmacy Spring  □ Pharmacy Summer

Current Meal Plan: □ Platinum Meal Plan  □ Gold Meal Plan  □ Silver Meal Plan  □ Copper Meal Plan  □ Bronze Meal Plan

Building and Room Number: ______________________________________________________________

Email: ___________________________________________ Phone #: ______________________________

Decrease Meal Plan
I understand that Meal Plans can only be lowered prior to the start of the semester/term. I would like to lower/decrease my Meal Plan to the following meal preference for my 2015-2016 Student Housing Agreement:

- □ Gold Meal Plan (Dining Points: 2,058 per General Term Semester; 1372 per Pharmacy Term)
- □ Silver Meal Plan (Dining Points: 1,888 per General Term Semester; 1259 per Pharmacy Term)
- □ Copper Meal Plan* (Dining Points: 1,412 per General Term Semester; 942 per Pharmacy Term)
- □ Bronze Meal Plan* (Dining Points: 686 per General Term Semester; 457 per Pharmacy Term)

(*Apartment Residents Only)

Student Signature: ___________________________________________ Date: ________________

Increase Meal Plan
I understand that Meal Plans can be increased at any time. I would like to increase my Meal Plan to the following meal preference for my 2015-2016 Student Housing Agreement:

- □ Platinum Meal Plan (Dining Points: 2,201 per General Term Semester; 1467 per Pharmacy Term)
- □ Gold Meal Plan (Dining Points: 2,058 per General Term Semester; 1372 per Pharmacy Term)
- □ Silver Meal Plan (Dining Points: 1,888 per General Term Semester; 1259 per Pharmacy Term)
- □ Copper Meal Plan* (Dining Points: 1,412 per General Term Semester; 942 per Pharmacy Term)

(*Apartment Residents Only)

Student Signature: ___________________________________________ Date: ________________

IMPORTANT!
All students residing on-campus are required to have a meal plan. After the start of the semester, requests for exceptions or reductions to the Resident’s dining meal plan will only be considered for rare and extenuating circumstances, by petition. Please contact the Housing and Greek Life with questions or concerns.

RMS Updated
Amount Charged
Credit Received
Comments

OFFICE USE ONLY
Transact Updated
Amount Added/Removed
New Balance
Comments

Email Notification
Response Date
Staff Member
Comments

Staff Initials
Date
Staff Initials
Date

Staff Initials
Date
Staff Initials
Date

2.18.2015-Goldenrod