



CARROLL
UNIVERSITY

CAMPUS SERVICES

Appeal for Change in Meal Plan

Student: Complete the top portion of this form and on the back or on a separate piece of paper, provide a written statement about the circumstances of your request.

Name: _____ Today's date: _____
(Last) (First) (MI)

Address: _____
(Campus: Res Hall/Room) OR (Local: Street City ZIP)

Phone #: _____ ID #: _____ Carroll Email: _____
(Cell or home with area code)

Year in School: First Year Soph Jr Sr Current Plan: Resident Weekly 10b -14d -18f
(Circle one) (Circle one) Block 140c-160e-180g-220h
Commuter Meals 30r-60s-90t*
45u*-60v*-75w*

Signature: _____ Request Change to Meal Plan: _____

Submit this form and the written statement to:

Attn: Matthew Sirinek, Director of Auxilliary Services
Carroll University, Campus Center Information Desk
100 N. East Ave., Waukesha, WI 53186

Questions? Visit the Campus Center Information Desk or call 262.524.7327

All requests must be made in writing and received by the semester's last day to add classes as indicated in the Carroll University Catalog or by the date indicated in the Carroll University Student Handbook. Please allow ten (10) working days for the university to respond.

FOR OFFICE USE ONLY	ACTION
Dining Services printout attached: _____	___ Request Denied
Info from Registrar: #credits _____ 1 st semester _____	___ Changed to Meal Plan _____
Student notified: _____	___ Dropped Meal Plan
Dining Services notified: _____	___ Other _____
Business office notified: _____	