



## MEAL PLAN CHANGE FORM

Student's Name: \_\_\_\_\_

Student's SU ID number: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Please CHANGE my meal plan **TO**:

\_\_\_\_\_ Plan A (\$2500/year)

\_\_\_\_\_ Plan B (\$2240/year)  
(All new students at 150 Tremont and Miller Hall have been assigned to this plan)

\_\_\_\_\_ Plan C (\$2000/year)  
(All students at the Holiday Inn have been assigned to this meal plan)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

This form must be received in the Office of Residence Life **no later than SEPTEMBER 28, 2007** if you wish to change your meal plan. Please return the form to the building in which you will live:

150 Tremont Street  
Boston, MA 02111

617-305-2504 (f)

Miller Hall and Holiday Inn  
10 Somerset Street  
Boston, MA 02108  
617-305-3262 (f)