UNT UNIVERSITY OF NORTH TEXAS

Semester _____

Dining Services

Medical Meal Plan Requirements 2016-2017

IMPORTANT NOTICE

Regardless of exemption status, you will be charged for a Meal Plan.

If approved, your plan will be changed to the Conversion Plan of your choice.

_____

Last Name First Middle Initial

_____

ID # Email Phone Number

Classification (circle one): Freshman Sophomore Junior Senior Graduate

Current Meal Plan (Circle one): Scrappy Basic/Value Eagle Basic/Value

a. Attach a copy of medical diet verified by the Student Health and Wellness Center.
b. Student's name and date must be on the prescriptions or letter from doctor.
c. Dietitian will determine whether a special diet can be met in Residence Hall Dining Cafeteria.
d. Students will be notified whether they have or have not been approved.
e. If approved the box checked below will indicate which plan you would like to be converted to.

Form must be submitted to Crumley Hall, Room 132 along with Doctors prescription for medical diet and verification from the Health and Wellness Center.

SCRAPPY BASIC CONVERSION

Check One	Plan	Meals	Flex $	Base	Tax	Total
	160 + 275	160	$275	$1,420	$117.15	$1,537.15
	120 + 400	120	$400	$1,420	$117.15	$1,537.15
	80 + 500	80	$500	$1,420	$117.15	$1,537.15
	8 + 425	8/week	$425	$1,420	$117.15	$1,537.15
	SCRAPPY Flex	0	$1,420	$1,420	$117.15	$1,537.15

EAGLE BASIC CONVERSION

Check One	Plan	Meals	Flex $	Base	Tax	Total
	160 + 375	160	$375	$1,570	$129.53	$1,699.53
	120 + 500	120	$500	$1,570	$129.53	$1,699.53
	80 + 600	80	$600	$1,570	$129.53	$1,699.53
	8 + 525	8/week	$525	$1,570	$129.53	$1,699.53
	EAGLE Flex	0	$1,570	$1,570	$129.53	$1,699.53

By signing below, if approved I give Dining Services approval to convert my meal plan into the Conversion plan selected above.

STUDENT SIGNATURE_____ DATE _____

DINING SERVICES SIGNATURE_____ TOTAL _____