

**Aurora University
Office of Residence Life
Meal Plan Change Form**

I wish to change my current meal plan for the (please mark all that apply):

Fall Semester Spring Semester

Current Meal Plan (please choose one):

Premium Deluxe Basic Flexible

Desired Meal Plan (please choose one):

Premium Deluxe Basic Flexible

I authorize the Office of Residence Life to change my meal plan, as listed above, and understand my student account will be billed or adjusted accordingly.

Name (please print)

Student ID #

Student Signature

Date