



AURORA UNIVERSITY

**OFFICE OF RESIDENCE LIFE  
MEAL PLAN CHANGE FORM**

I wish to change my current meal plan for (mark all that apply):  Fall Semester  Spring Semester

**CURRENT MEAL PLAN** (please choose one):

Premium  Basic  Block 175  Block 125

**DESIRED MEAL PLAN** (please choose one):

Premium  Basic  Block 175  Block 125

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