



BILL CORRECTION FORM

Please use this form to make any corrections to your bill.

See Reverse Side for Instructions **PLEASE RETURN ALL COPIES TO CASHIER'S OFFICE**

NAME: _____

STUDENT ID #: _____

Students living on campus must choose one of the three Traditional Meal Plans (A, B or C) listed below. PLEASE NOTE: Chesapeake Hall and Sea Gull Square residents are not required to have a meal plan, however they may choose Meal Plan D or E. A \$25 fee plus any meals eaten and dining dollars will be charged for downgrades processed during the first two weeks of classes. No downgrades permitted after the second week of classes.

DESCRIPTION	AMOUNT	EXPLANATION (Please Check the Correction)			
HOUSING	_____	<input type="checkbox"/> Add Room	<input type="checkbox"/> Drop Room		
ADD MEAL PLAN	_____	<input type="checkbox"/> A/Everything	<input type="checkbox"/> B/All Day, Every Day	<input type="checkbox"/> C/12 Plus Plan	<input type="checkbox"/> D/10 Meal Plan
		<input type="checkbox"/> E/5 Plus Plan	<input type="checkbox"/> F/5 Meal Plan	<input type="checkbox"/> G/Any 50 Plan	<input type="checkbox"/> H/Any 30 Plan
DROP MEAL PLAN	_____	<input type="checkbox"/> A/Everything	<input type="checkbox"/> B/All Day, Every Day	<input type="checkbox"/> C/12 Plus Plan	<input type="checkbox"/> D/10 Meal Plan
		<input type="checkbox"/> E/5 Plus Plan	<input type="checkbox"/> F/5 Meal Plan	<input type="checkbox"/> G/Any 50 Plan	<input type="checkbox"/> H/Any 30 Plan
FINANCIAL AID	_____				

Signature _____

Date _____

INSTRUCTIONS FOR COMPLETING BILL CORRECTION FORM
(Refer to the expense listing included in the information letter for cost)

HOUSING If a housing assignment was received late, please check the box (add room) and enter the correct amount. If you are moving off campus and no longer need housing, please check the box (drop room). Please verify your housing changes with the Office of Residence Life.

MEALS Students residing on campus must purchase a meal plan. Commuter students may choose any plan (A-H) . Choose the appropriate plan and enter the amount in the **add meal plan section**. If a meal is not required or needed, enter the amount and check the box of the meal plan you are dropping in the **drop meal section**.

FINANCIAL AID Note any financial aid/loans, scholarships or other assistance that is not appearing on your bill in the explanation column. Please enter the amount of the anticipated aid in the amount column (this includes any cancellations or reductions of aid). It is your responsibility to notify Financial Aid of any changes you wish to make.

THIS FORM IS FOR BILL CORRECTIONS ONLY