



Internship Meal Plan Opt-Out Form

Student's Name	Date Internship Project Begins	Semester
Student's ID	Date Internship Meal Plan Opt-Out to Begin	

Resident students who are forced to miss Dining Commons meals Mon-Fri (Full-Time) due to off-campus, college-approved, for-credit internships may choose to opt out of the standard pre-paid meal plan from the first day of said internship for the rest of the semester. The option exempts the students from all meals for the remainder of the semester; no partial options will be granted. In opting out, the student's ID will be restricted from regular access to meal service. A proration of the unused portion of the student's pre-paid meal plan for the semester will be refunded to the student. Once students have withdrawn from the standard meal plan they will not be allowed to re-enroll in the meal plan until the following semester.

Internship students who so choose to opt-out of the meal plan may then purchase on-campus meals on an a la carte basis. Individual meal prices are \$9.25 (plus taxes) for breakfast, \$10.25 (plus taxes) for lunch, and \$11.25 (plus taxes) for dinner.

Refund Calculation (to be completed by Office of Finance)

A. Number of total meal service days in semester. (see back)	A.
B. Number of meal service days remaining in semester after internship Meal Plan Opt-Out begins.	B.
C. Divide B by A and multiply by 100 to reach a percentage (round to the nearest whole).	C.
D. Percentage found in C multiplied by the student's applicable semester's board fee equals amount of refund.	D.

Example:

If there are 110 meal service days this semester and a student wants to opt out of the meal plan beginning Oct. 6, the student would opt out of 57% of his/her pre-paid meal plan (63 days canceled/110 total meal service days x 100 = 57%). Thus, he/she will be refunded 57% of the board fee.

Student Acknowledgment

I, _____ (student), acknowledge that once I have withdrawn from the pre-paid meal plan I am not eligible to participate again until the following semester, regardless of my Internship project completion date.	
Signature:	Date:

Academic Authorization

I, _____ (Apprenticeship Program Coordinator), affirm that the student noted above is duly enrolled in an off-campus, college approved, for-credit internship project.	
Signature:	Date:

Finance Office Approval

Approved	Not Approved	Signature:	Date:
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