## **2024 Meal Plan Request Form**



Family Name:					
Given Name:					
Student Number:					
Residence:			Room Number:		
Please note: The meal plan for Edwards Hall Main Hall room types can not be removed as they form part of the residential contract.					
My current meal plan is:	NIL	5 meals per we	eek	7 meals per week	
I wish to change my meal plan to:	NIL	5 meals per week \$80.00 per week Five dinners take of the week, Mon	ek (GST exempt) en any night	7 meals per week \$110.00 per week (GST exempt) Seven dinners taken any night of the week, Monday to Sunday	
Meal plan request effective date:					
Note: A minimum of five working days is required prior to the change coming into effect.					
I have read, understood and agree to	the following co	onditions:			
• The cost of the requested meal plan	n will be added o	nto my weekly Ro	om Fee.		
<ul> <li>Additional/reduction of room fees as a result of my meal change will be updated from my nominated 'Meal plan adjustment effective date'.</li> </ul>					
Resident Signature:			Date:		
Staff Signature:			Date:		
Note: As per this form and the 2024 Student Living Standards you agree to the following terms and conditions:  Your Student Identification Card must be used when collecting all meals or service can be refused.  When in the Dining Hall you must: i) wear appropriate clothing, and footwear; ii) behave in a civil manner and not disturb others eating their meals; iii) not deliberately waste food; iv) not remove cutlery, crockery or furniture from the Dining Hall; and v) assist the catering staff with any reasonable request.  You cannot transfer your catering rights to anyone else, whether a fellow student or a guest.  In order to collect your meal (dine in or take away) you must attend the Dining Hall in person during operating hours as prescribed by the University.  If you have food allergies or specific dietary requirements, it is your responsibility to notify and discuss with the catering provider.					
OFFICE USE ONLY					
Scan form to residents file			StarRez booking updated		
Notify catering supplier of change	s outlined in this fo		Email resident to advise of change in account and		



Processed by:

payment details

Date: