



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 due to an off-campus (full-time, 40 hrs), 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 Once students have withdrawn from the standard meal plan they will not be allowed to re-enroll in the meal plan until the following semester.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, _____ (<i>student</i>), acknowledge that once I have withdrawn from the pre-paid meal plan I am not eligible to participate again until the following semester, regardless of my Internship project completion date.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, _____ (<i>Apprenticeship Program Coordinator</i>), 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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