

2024-2025 MEAL PLAN UPGRADE FORM

I live in a townhouse/apartment (Cronogue, 200s, 300s, or 400s) and would like to request that my meal plan be changed from the current 040 plan (40 swipes per semester) to the Cart Blanche Meal Plan (unlimited swipes per semester).

Please print this form and complete and scan with signature to Housing@smcvt.edu

I would like this cha	ange made for the fo	llowing semesters	s (check one):	
Fall Sen	nester Only:			
Spring S	Semester Only:			
Entire A	Academic Year:			
I understand that	once this change	is made that I n	nust wait until	
the following ser	nester to make an	y further meal	plan changes.	
Student Name (Please	Print):			_
Student ID#:			<u> </u>	
Today's Date:			<u> </u>	
Student Signature:				_
Meal Plan Differential the year or \$2665.00 p Fee.	. •		•	
OFFICE USE ONLY: Colleague Updated:	Staff Initials:	Date	::	
Sodexo Notified: (Revised 7//24)	Staff Initials:	Date	:	