

## COMMUTER MEAL PLAN (FLEX DOLLARS) WAIVER FORM

Student's Name: \_\_\_\_\_.

Student's ID#: \_\_\_\_\_ Term: \_\_\_\_\_.

Reason for waiving commuter meal plan (flex dollars): \_\_\_\_\_.

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Student's Signature: \_\_\_\_\_.

Date of request: \_\_\_\_\_.

Authorized Signature: \_\_\_\_\_.

John Beckvold

Date of approval: \_\_\_\_\_ Date of disapproval: \_\_\_\_\_.

Date removed from student's account: \_\_\_\_\_.

Person removing: \_\_\_\_\_.

**DISCLAIMER:** This form is due at the end of the second week of classes, no applications will be accepted thereafter. This form will need to be filled out each semester for meal plan removal. Once your Wavier has been approved you will be able to see it reflected on your account through EdNet. You will also receive a confirmation email. If you have any questions about the form please contact the Cashier's Office at 304-462-6190.