

Business and Finance

COMMUTER MEAL PLAN (FLEX DOLLARS) WAIVER FORM

Student's Name:	<u> </u>
Student's ID#:	
Reason for waiving commuter meal plan (flex dollars):	
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	TRANSFER SCHOOL SCH
Student's Signature:	
Date or request:	
Authorized Signature:	
John Beckvold	
Date of approval:	
Date removed from student's account:	
Person removing:	
Once complete, you may click the button above to email your form or print it and send your form to:	
Glenville State College C/O Cashier's Office 200 High St.	

Glenville, WV 26351