

CHARGER CARD REQUEST FORM

	Date		
Fall Semester	Spring Semester_	Summer S	Semester
Please check your c	hoice and fill in the ap	propriate blank:	
I would like to	order a meal plan, Opti	on #	
Charge my stu	udent account and cred	lit my Charger card \$_	
for (meal plan	flex, dining dollars)		
•	n my Charger Card's Fle	ex account and credit	my student account
	\$ <u>Note</u> : Textbook and ROTC scholarships that		
	unds cannot be refund		•
Other:			
Comments:			
********	********	********	********
Student Identification nu	ımber: A		
Name (print) La	ast	First	Middle
Daytime Telephone nun	nber()		
Email Address:			
Signature			