

| <u>Note</u> . This form is no                                                        | Date                                                                     |                                       | Thor your requirement.           |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|----------------------------------|--|
| Fall Semester                                                                        | Spring Semester_                                                         |                                       | Semester                         |  |
| I would like to ord<br>\$1,400 Plans<br>#1 - 19 meals                                | choice and fill in the aper the following meal place wk, 75 CB (default) | nn:<br><b>\$450 Pla</b>               | <u>n</u><br>150 DD               |  |
| #3 - 8 meals/wk, 325 CB<br>#4 - 80 meals/sem, 575 CB                                 |                                                                          | · · · · · · · · · · · · · · · · · · · | <b>\$260 Plan</b><br>#6 - 260 DD |  |
| First-year freshm Upper-classman SECH, FRSO, or Off-campus full-t This is a voluntar | sem, 100 CB<br>neal plan requirement:<br>an Housing resident             | ent<br>meal plan requirem             | ent.                             |  |
|                                                                                      | **************************************                                   |                                       | ********                         |  |
| •                                                                                    | ast<br>umber: ()                                                         |                                       | Middle<br>—                      |  |

Please submit to Charger Card Office, Charger Union 131, Huntsville, AL 35899 Email: chargercard@uah.edu Office: 256-824-2720 Fax: 256-824-4440