



Wells College commuter/off-campus student meal plan.

I, _____, have chosen the following meal plan
(circle your choice) A or B for the *fall semester of 2019*. I understand that the
following amount will be added to my semester bill and I am responsible for those
charges.

Plan A: 10 SWIPES per week: **\$970.00** per semester

Plan B: 5 SWIPES per week: **\$595.00** per semester

Signature

Student ID #

DOS Approval

Date

For Office Use:

Date entered _____

Business Office Approval: _____

Meal plan added: _____