



**Wells College commuter/off-campus student meal plan.**

I, \_\_\_\_\_, have chosen the following meal plan  
(circle your choice) A or B for the **Spring Semester 2021**. 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: \_\_\_\_\_