

# Arkansas Tech University-Ozark Campus Meal Plan Contract

Student T # \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Please select a meal plan below:

- 10 \$165 Ten meals plus \$165 declining balance Price: \$225
- 20 plus \$280 Twenty meals plus \$280 declining balance Price: \$400
- 30 plus \$420 Thirty meals plus \$420 declining balance Price: \$600

Place checkmark next to your payment selection:

I authorize ATU-Ozark to charge the meal plan selected above to my financial aid for the current semester.

Cash                       Credit Card                       Check

Please read and initial the following terms and conditions:

I understand meal plan will be valid through the last day of semester in which it is purchased. Any unused meals or declining balance dollars will be forfeited.

I understand refunds of this meal plan will only be allowed in the event that I completely withdraw from all classes at Arkansas Tech University. In the event I withdraw, I understand any remaining balance will be prorated by Arkansas Tech University and reimbursed to me.

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Student Signature

Date