

COMMUTER MEAL PLAN REQUEST

For information regarding Farmingdale State College Dining Services go to farmingdale.campusdish.com

To complete this form, you must be registered and have an eligible Financial Aid credit balance on your bill.

Last Name: _____ First Name: _____

RAM ID #: _____ Term (check one): Fall _____ Spring _____ Year _____

Commuter Meal Plan Requested (check one):

Commuter Block 50 \$485.00
50 meal swipes at POPs, \$100 Declining Balance, meals should be used during current academic year

Commuter Block 25 \$255.00
25 meal swipes at POPs, \$50 Declining Balance, meals should be used during current academic year

Additional DB Amount Requested \$_____
\$50 minimum required purchase.
Declining Balance can be used at any of our dining locations on campus

I am authorizing the Office of Student Accounts to use of my financial aid funds, which may include Title IV funds to pay for the above selected commuter meal plan.

Federal regulations require the College to obtain written authorization from students so that we may appropriately apply the disbursements of Title IV financial aid funds to pay non-institutional charges, such as a commuter meal plan. Title IV funds include grants (PELL and SEOG) as well as loan funds (Direct Stafford Subsidized and Unsubsidized, and Direct Parent PLUS Loans).

I understand that the amount approved is subject to the amount of available Financial Aid credit that is currently available to me. I accept the responsibility to pay should there be changes to my financial aid award that causes me lose eligibility for the current credit balance.

I understand that I remain responsible for the amount of the meal plan chosen even if the entire amount is not used. I understand that failure to satisfy my bill by the payment due date will result in late fees, penalties and holds for future services being placed on my account. Furthermore, I understand my account will be turned over to the NYS Attorney General's office for collection if payment in full is not received.

Signature of Student: _____ Date: _____

FOR OFFICE USE ONLY

Amount Approved _____ Approval Date _____ Denied _____ Denial Date _____

Banner Input Date _____ Initials _____