



**KETTERING UNIVERSITY DINING SERVICES
MEAL PLAN CONTRACT
2009 – 2010 ***

I, _____, have chosen the following dining program for
(Please print name)
 section _____ to commence on _____ and end on _____.

I have chosen:

Please note: Plan A is valid for the current term only – no carryover.

PLAN A : FULL BOARD MEAL PLAN (Freshmen Mandatory,
Upperclassmen by Choice)

\$ 1,195.00 per academic term

Includes: 15 Meals (Breakfast, Lunch, & Dinner) - Monday thru Friday
4 Meals (Brunch & Dinner) - Saturday & Sunday

\$50 bonus to be used in the SUNSET Retail Dining Lounge

Meals will not be provided during the following food service close-down periods:

- September 4-7, 2009
- November 26-29, 2009
- January 16-18 and March 5-7, 2010
- April 5 and May 29-31, 2010

Students requiring food service during this time must contact Sodexo prior to this period to make arrangements for meals which can be made for them to pick up in advance of the close-down periods at an additional cost (this can be deducted from the above SUNSET Retail Dining Lounge \$50 bonus).

Please note: Plans B & C are non-refundable. Meals purchased will be valid for 1 year from date of purchase. Meals not used within a 1 year period will be forfeited.

PLAN B : 29 MEAL PLAN (Upperclassmen)
 Includes 29 Lunches at a cost of \$ 168.00 Qty _____
 OR 29 Dinners at a cost of \$ 222.00 Qty _____
 OR Combine Both at a cost of \$ 390.00 Qty _____

PLAN C : 58/58 COMBO MEAL PLAN (Upperclassmen)
 Includes 58 Lunches plus 58 Dinners at a cost of \$ 780.00 Qty _____

Please bill the Kettering University Student Accounts office for my designated meal plan.
 I further authorize the Student Accounts office to bill my student account for the entire cost of my dining service meal plan. MAKE CHECK PAYABLE TO KETTERING UNIVERSITY

The amount to be billed to my student account is: _____

Signature of Student Accounts office: _____

Student I.D.#: _____

(Student Signature)

(Date)

* Initial contract choice is for 2009–2010