



Department of Auxiliary Services
APPLICATION FOR COMMUTER MEAL ADD/DROP

____ Fall ____ Spring ____ Summer I ____ Summer II (School Year 20____)

Name: _____ ID#: _____ Classification: _____

Permanent Address: _____

Local Address: _____

Cell Phone #: _____

Request for meal plan to be: ____ Added ____ Dropped

If adding a plan, please choose one: ____ 17 meal (Mandatory for Freshman) ____ 14 meal ____ 10 meal ____ 7 meal

Note: If adding a plan, it is necessary for any student who resides off campus to complete this form to receive meals and/or laundry services. After the 5th class day for spring and fall semester, you will not be able to make any adjustments on your tuition & fee account.

Reason(s) for Applying: _____

- ____ Live at home with parent(s) or legal guardian within a 50 mile radius of campus
- ____ I am a Military Veteran
- ____ Married
- ____ Graduate Student
- ____ Unable to acquire on-campus housing
- ____ Participating in University off-campus assignment(s) (i.e., Co-op, intern, student teaching, etc.)
- ____ Other _____.

Documentation of Proof:

- ____ Identification showing permanent address and notarized letter from parents(s) or legal guardian if under age 18.
- ____ Discharge documents, e.g. DD214
- ____ Marriage License
- ____ Verification from Dean of Graduate School
- ____ University records and housing status reports
- ____ Proof of assignment or assignment letter from affiliations

Student Signature: _____ Date: _____

Parent Signature (If student is under 18): _____ Date: _____

Please save and email the completed application to aux_services@pvamu.edu

For Departmental Use Only:

____ Student owes \$ _____ for meals eaten and/or laundry used (Prorated based on number of days used)

Director of Auxiliary Services Signature: _____ Date: _____