



Meal Plan Conversion Requirements Fall 2019–Spring 2020

IMPORTANT NOTICE

Regardless of Conversion Meal Plan status, you will be charged for a Meal Plan. If approved, your plan will be changed to the Conversion Plan of your choice.

Last Name First Middle Initial

ID # Email Phone Number

Classification (circle one): TAMS Freshman Sophomore Junior Senior Graduate

Current Meal Plan (circle one): **5-Day:** Basic / Value / Super **7-Day:** Basic / Value / Super

1. Student's name and date must be on a letter from an independent (non-relative) licensed medical doctor, registered dietitian, or clergy person which outlines dietary restrictions and an acceptable sample menu. The statement should be on letterhead and include the name and contact information of the doctor or clergy person.
2. Select desired conversion from the charts below. If approved, meal plan will be converted accordingly.
3. Form and required supporting documents must be submitted to Welcome Center, Room #237 or may be emailed to suzan.cruz@unt.edu. **Form and documents must be submitted prior to the 2nd Friday of the semester.**
4. The campus dietitian will determine whether a special diet can be met in a Residence Dining Hall. The dietitian or appropriate spiritual life official may contact the prescriber who provided the student statement.
5. Students will be notified whether they have or have not been approved.

5-DAY BASIC CONVERSION

Check One	Plan	Meals	Flex \$	Base	Tax	Total
	160 + 275	160	\$275	\$1,530	\$126.23	\$1,656.23
	120 + 400	120	\$400	\$1,530	\$126.23	\$1,656.23
	80 + 500	80	\$500	\$1,530	\$126.23	\$1,656.23
	8 + 425	8/week	\$425	\$1,530	\$126.23	\$1,656.23
	5-Day Flex	0	\$1,530	\$1,530	\$126.23	\$1,656.23

7-DAY BASIC CONVERSION

Check One	Plan	Meals	Flex \$	Base	Tax	Total
	160 + 375	160	\$375	\$1,690	\$139.43	\$1,829.43
	120 + 500	120	\$500	\$1,690	\$139.43	\$1,829.43
	80 + 600	80	\$600	\$1,690	\$139.43	\$1,829.43
	8 + 525	8/week	\$525	\$1,690	\$139.43	\$1,829.43
	7-Day Flex	0	\$1,690	\$1,690	\$139.43	\$1,829.43

By signing below, if approved I give Dining Services approval to convert my meal plan into the Conversion Plan selected above.

STUDENT SIGNATURE _____ DATE _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____ DATE _____

DINING SERVICES SIGNATURE _____ TOTAL _____