



## Jupiter Campus Meal Plan Contract 2008-2009 APPLICATION INFORMATION

(please print Last Name		First Name:	Social Security/Student #:	
Address:_				
City:		State: Zip:	Telephone ( )	
Campus	Meal Plan (check box	for the meal plan you desire)		
	Check Box Below	Meal Plan	Semester Price	
		19 Standard Meal Plan (Required of all Freshmen)	\$1,670.00	
		14 Standard Meal Plan	\$1,512.00	
		<b>ADD OWL Bucks to your Meal</b>	Plan by visiting	
		www.dineoncampus.com	n/fau	
	Use OWL Bu	icks to pay for purchases at Outtak	es and the Centre Marketplace	
	Conven	ient, Quick and gives additional Fle	xibility to your Meal Plan	
Ada			don't loose your money if you loose your card	
	Order on line w	vith a credit card and replenish your	account on line as funds run low	
	Please note: The	prices are per semester, the contract is f	or the academic year or two semesters	
CONTRA	CT TERMS AND COND		·	
I.	Eligibility Requirement	nts: All students who reside in the Res	idence Halls are required to participate in the Car	mpus
		en are required to participate in the 19 St		•
II.			minate the Campus Meal Plan Contract except as s	
	herein. Participants are responsible for paying all meal plan charges for the entire term of the contract. Contract term is			
	the 2008-2009 academic year. Requests for cancellation and prorated refund (excluding a \$75.00 cancellation fee) will			
	be approved only if the participant submits written documentation and the cancellation is for the following reasons:			
	i. Dismissal or separation from the University			
		val from the University	. C d' 1 'd. d 1 1 . ' 1 1 1	D
	of Students Office.	for medical reasons must provide proof	of medical withdrawal, which is obtained from the	Dean
III:		an: In order to begin using your meal	plan you must first obtain your OWI CARD from	n tha
III: Activation of Meal Plan: In order to begin using your meal plan, you must first obtain your OWL CARD from OWL CARD Center. If you receive your OWL Card during the Orientations held during Summer 2008 your				
			Card on or after move in day please contact our offi	
	(561) 297-2041 to activ		card on or area move in any prease contact our orr	cc at
			st 21, 2008 (Fall semester) and January 2, 2009 (	date
s		semester) not from the date student s		,
I haraby a	contract for moal plan accor	mmodations at Florida Atlantic Universit	y for the academic pariod listed below:	
	Academic year beginning		y for the deadenine period listed below.	
_	☐ Spring Semester			
	Please note that the Resident	Dining Hall is closed for breaks and holidays such	as Thanksgiving, Spring Break and the like.	
I have re	ead and understand the	terms and conditions of this contract	and that the information stated above is correct	et I
			ic year with limited exceptions. I agree to abide by	
		. I also understand that this is a legally b		,
	, 1		<b>5</b>	
Signature	of Applicant		Date	

Please return contract with payment to: