Lite Meal Plan Option
Meal Plan Request

Personal Contact Information:

Name: _____ **NIU Z ID #:**_____
First Initial Last

Local/Contact Address: _____
hall & room # or off-campus city, street, & zip code

Primary Phone #: _____ **Primary email:** _____

Lite Meal Plan Option:
Persons must be current full or part-time NIU students. ***Off-campus/commuter students may apply for a Lite Meal Plan without having a Housing & Dining room and board agreement.*** On-campus residents who are involved in full-day (7 hours or more) academic assignments (student teaching, nursing clinical assignments, internships, etc.) for 2 or more days a week a minimum of 8 weeks of the semester, will have the option to contract for a reduced meal plan that is more compatible with use for dinner and weekend-only schedules. The reduced meal plan rate will be $45/week for Fall and Spring ($720 per semester). A student who is enrolled for a qualifying course(s) for Fall semester will automatically be assigned a Gold meal plan for Spring semester unless the student has requested a higher meal plan, or has submitted and had approved another Academic Assignments Meal Plan Option request for Spring.

Academic Assignments Meal Plan requested for (check one)**:**
☐ Fall 20_____ (year) ☐ Spring 20_____ (year)

On-campus students complete: Course requiring 2 or more full days a week of off-campus engagement

College _____ Course # _____ Days/Times required off-campus _____

Faculty Name _____ Campus Phone # _____

Documentation Required
1. Completed Lite meal Plan Option request form
2. On-campus residents only: Completed Faculty Academic Assignment Confirmation

Requesting Student Signature
❒ ***On-campus:*** I understand that this reduced meal plan will only be in effect as long as I am enrolled for the course(s) listed above that require me to be engaged in full-day (7 hours or more) off campus activity 2 days or more a week for a minimum of 8 weeks of the semester. Should I withdraw from any course listed, my reduced meal plan will revert to a Gold meal plan unless a request a higher meal plan be assigned.

❒ ***Off-campus:*** I understand that charges for the Lite Meal Plan will be billed to my NIU Bursar's account.

_____ _____
Student Signature Today's Date