



**TENNESSEE STATE UNIVERSITY**  
**DEPARTMENT OF RESIDENCE LIFE**  
**MEAL PLAN APPLICATION FOR COMMUTER STUDENTS**

NAME: \_\_\_\_\_ T NUMBER: \_\_\_\_\_  
Print

CAMPUS EMAIL: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_  
Street City State/Zip Code

LOCAL TELEPHONE: \_\_\_\_\_

Effective Year: \_\_\_\_\_ Effective Term: Fall\_\_\_\_\_, Spring\_\_\_\_\_, Summer\_\_\_\_\_

BOARD/MEAL PLAN REQUESTED:

- 5 Meals per Week + Declining Balance
- 10 Meals per Week + Declining Balance
- 19 Meals per Week + Declining Balance

For current pricing, please visit [www.tnstate.edu/bursar](http://www.tnstate.edu/bursar).

**I acknowledge and understand that Meal (Board) plans are optional for commuter students; however, after a meal plan is chosen and placed on my account it cannot be reduced or deleted.**

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Residence Life Representative

\_\_\_\_\_  
 Date Signed

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 Meal Plan Posted in Banner

\_\_\_\_\_  
 Posted By

\_\_\_\_\_  
 Date Posted