

## **Commuter Meal Authorization Form Academic Year 2025-2026**

Print Name:	J	RSU ID#:
Meal Plan outlined I semester of the curr	below. I understand any unuse rent academic year. IMPORTA	ity to charge my account for the Commuter ed portion will forfeit as of the last Spring NT: Commuter Plans must have payment andable and cannot be changed once applied
student has additional brought to the Bursar	I financial aid over/above the obesis of the office in person for processing the contract of t	rment for the meal plan selected below. If a bligation on their account, this form must be ng before the Commuter Meal Plan is added. a meal plan added to the account.
Commuter Meal Pla	an Options:	
50 Block Mea	als with \$125 Flex Dollars - \$629	9.00
25 Block Mea	uls with \$150 Flex Dollars - \$439	€.00
Apply Finance	ial Aid to cover Meal Plan costs	
918-343-7558 or <u>bur</u> accompanying payme	saroffice@rsu.edu. Also, visit u	, please contact the Bursar's Office at sonline at <a href="www.rsu.edu/idcard">www.rsu.edu/idcard</a> . Forms with ate University c/o Bursar's Office, 1701 W.
Signature:	I	Date:
	Office Use 0	Only
Applied to Account	t By:	Date: