

# Radford University

## Off-Campus Meal Plan Application

### Fall 2009

*If you wish to purchase a meal plan for Fall Semester 2009, please follow the steps listed below:*

- Step 1:** Please *print* the student's name and information requested in the box below.  
**Step 2:** Select your payment type from the choices listed below.  
**Step 3:** Select the meal plan option you wish to purchase.  
**Step 4:** Be sure to read the statement listed below the meal plan options. Once you have read it, please sign to indicate you have done so & that you understand it.  
**Step 5:** Return application *with* your payment to the following address:

**RU Express Office  
 PO Box 6992  
 Radford, VA 24142**

*If you have any questions or require further assistance, please call the RU Express Office at (540)831-5054, (540)831-6449, or e-mail your correspondence to ru-exprs@radford.edu..*

Student's name:		
RU ID#:	RU E-Mail Address:	
Billing Address:		
City:	State:	Zip Code:
Home Phone#:		

**Payment Type:** (Payments by Visa or MasterCard can *ONLY* be made on our web page, at <http://www.radford.edu/~ru-exprs>, or our office in Walker Hall.)

Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash (Please do not mail cash) \_\_\_\_\_  
 Apply Financial Aid \_\_\_\_\_ Highlander Choice \_\_\_\_\_

**\*\*Please see note below if using Financial Aid or Highlander Choice\*\***

*If you are using Highlander Choice to pay for your meal plan or wish to have excess Financial Aid applied to the full payment of your meal plan, please complete the steps listed above and return application to:*

*Student Accounts Office  
 PO Box 6922  
 Radford, VA 24142*

*To ensure your student's meal plan is ready when you return to campus, make your selection and return your application **with** your payment **no later than August 11, 2009**. Any applications received after that time may delay the plan being on the account when you return.*

- **RU Flex Plan: \$1587.00** \_\_\_\_\_      \* **90 Meal Plan: \$554.00** \_\_\_\_\_
- **15 Meal Plan: \$1593.00** \_\_\_\_\_      \* **65 Meal Plan: \$400.00** \_\_\_\_\_
- **19 Meal Plan: \$1636.00** \_\_\_\_\_      \* **Flex Junior: \$802.00** \_\_\_\_\_

**Please sign: I understand that the off campus meal plan is NON-REFUNDABLE.**

Signature: \_\_\_\_\_  
 \*\*\*\*\*

**OFFICE USE ONLY**

Date of payment: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amount: \_\_\_\_\_  
 CR \_\_\_\_\_ Received by: \_\_\_\_\_