UNIVERSITY OF BRIDGEPORT – DINING HALL LICENSE

(1) Term: *(Please check one and fill in the year)* ☐ Fall 20____ ☐ Spring 20____

(2) Personal Information:

_____	_____	_____	__ __ __ __ __ __ __
Last/Family Name	**First/Given Name**	**Middle**	**Student ID Number**
_____	__ __ / __ __ / __ __ __ __	_____	
On-Campus Address *(hall and room)*	**Date of Birth** *(MM/DD/YYYY)*	**# of Credits Earned to Date**	

All students living in the following residence halls at the University of Bridgeport are required to select a meal plan as part of their housing/meal plan charges– Barnum, Bodine, Chaffee, Cooper and Seeley Hall. Students living in North/South Hall may purchase a meal plan for an additional charge.

Please select the meal plan of your choice for the semester indicated above:

☐ **MP19 –** includes 19 meals per week at Marina Dining Hall and $75 in dining dollars per semester
☐ **MP17 –** includes 17 meals per week at Marina Dining Hall and $125 in dining dollars per semester
☐ **MP12 –** includes 12 per week at Marina Dining Hall and $200 in dining dollars per semester
☐ **MP8 –** includes 8 per week at Marina Dining Hall and $400 in dining dollars per semester

Please read the following statements carefully. By signing your name below you are indicating your understanding and agreement with each statement.

- I understand that each student whose primary residence is greater than 50 miles from the Bridgeport Campus, is under the age of 21 years, or who has earned fewer than 90 credits is required to purchase a meal plan.
- This contract is between the University of Bridgeport and me.
- I authorize the University to apply financial funds due to me to my meal plan charge.
- My University of Bridgeport student ID card will serve as my meal plan ID card and I will not be allowed access to the Marina Dining Hall or Knight's End Café without it. A replacement fee will be charged for lost cards.
- My meal plan is only valid for the term selected above.
- If I have a medical problem requiring dietary modifications, I will submit a prescription form from my doctor requesting the type of diet needed. Dining Services will make reasonable efforts to conform to approved special diets. Release from a meal plan contract will be permitted only when the Marina Dining Hall Manager consents.
- Any changes pertaining to the meal plan must be approved and processed through the Office of Residential Life, otherwise I will be charged for the meal plan selected above.
- My meal plan and ID card are to be used only by me. Meals and meal plans are not transferable and may not be resold.
- Misuse of my meal card will result in disciplinary sanctions that may include the temporary suspension of my meal card privileges.
- Unless I withdraw from the university and a refund is due to me, this contract will remain valid and enforceable regardless of whether or not I use the plan's benefits.
- Should my enrollment at the university terminate before the end of the term selected above, my right to use the meal plan will also terminate.
- Should I withdraw form the university, my account will be credited according to the official refund policy as stated in the university catalog.
- I understand that I will not receive a refund for any meals not eaten except as stated above.
- I shall use the Marina Dining Hall and Knight's End Café according to all university rules.
- I shall be liable for all damage done by me in the Marina Dining Hall or Knight's End Café.
- I shall take my tray, associated eating utensils and trash to the cleaning area after each meal and will not remove any food, eating utensils, china or equipment from Marina Dining Hall or Knight's End Café.
- Neither the university nor its contracted food service agency shall be liable for damage, destruction, or loss of my property while I am in the Marina Dining Hall or Knight's End Café.
- I indemnify the university and its contracted food service agency from all loss or fines the university may sustain as a result of other students' activity or mine.
- I f any part of this contact shall be determined by a court to be invalid or unenforceable; such determination shall not render the balance of this contract invalid or unenforceable.

I, the undersigned, understand and agree to the above terms for the meal plan I have selected above.

_____ __ __ / __ __ / __ __ __ __

Student Signature *(If under the age of 18, or a dependent, Signature of Parent/Guardian)* **Date** *(MM/DD/YYYY)*

Office of Residential Life and Student Conduct
Seeley Hall • 490 Waldemere Avenue • Bridgeport, CT 06604 • t. 203.576.4228 • f. 203.576.4536 • e. reslife@bridgeport.edu