Name ______________________________________ Student I.D. #:_____________
Last                                          First                             M.I.
E-mail Address_______________________________ Phone Number ________________

MEAL PLAN SELECTION

   ____  None
   ____  Plan L (5 meals per week) .......... $600 per semester
     Lunch ONLY - Available to Commuters only
   ____  Plan A (5 meals per week) .......... $640 per semester
     Available to Commuters only
   ____  Plan M (7 meals per week) .......... $930 per semester
     Available to Commuters only
   ____  Plan B (10 meals per week) ......$1,330 per semester
     On-Campus Resident minimum
   ____  Plan C (13 meals per week) .....$ 1,540 per semester
   ____  Plan D (16 meals per week) .....$ 1,805 per semester
   ____  Plan E  (19 meals per week) .....$ 2,005 per semester

Students are billed for the meal plan indicated above. Adjustments, if any, must be made by September 20, 2006 for the Fall 2006 semester.

INTENDED HOUSING

   ____ On Campus
   ____ Off Campus

* Single students under the age of 21 or who receive institutional scholarships are generally required to live on campus. Exceptions are made for those living with parents, legal guardian, or approved relatives.

If you are living off campus, please check all that apply

   ____ I am over 21 years old
   ____ I am living with my parents

HEALTH INSURANCE

Undergraduate students enrolled for seven (7) or more units are automatically charged for medical insurance provided by the University, unless proof of medical insurance is submitted to the Student Services Office. To avoid charges, students must submit proof of insurance prior to the deadline during the first semester of attendance each academic year. All International Students are required to be enrolled in the medical insurance plan. See the Student Handbook and Calendar for additional insurance information.

I want to enroll in the insurance offered by the University   Yes _____        No _____

The deadline to present proof of insurance for the Fall 2006 semester is September 20, 2006.

I understand I will be charged for insurance if I fail to meet the aforementioned deadline. Initial _____

STUDENT HANDBOOK

Students are required to obtain a Student Handbook and are responsible for all information contained therein. Handbooks are distributed by the Campus Life Office located in YC B154.

I have read and understand the selections and information contained on this form.

STUDENT SIGNATURE __________________________ DATE _______________

Office Use Only

Proof of Insurance Submitted on ___________________ Received by_________________