



COMMUTER
Meal Plan Application for the 2020-2021 Academic Year.
(Not available to Housing Residents.)

Name: _____ 14-digit Student ID #: _____

Last **First** (back of card)

Address: _____

Phone Number: (_____) _____ E-mail Address: _____

*****Select Your Choice*****

Your Choice	Commuter Meal Plan Options	Meal Swipe Contents	Price
<input type="checkbox"/>	80 meals (approximately 5 meals per week and \$50 NTripp Dollars).	One entrée, one side, and a fountain beverage (12-22oz only), or non-flavored bottled water. OR a single grab-and-go prepared meal.	\$710 – per semester
<input type="checkbox"/>	48 meals (approximately 3 meals per week and \$50 NTripp Dollars)	One entrée, one side, and a fountain beverage (12-22oz only), or non-flavored bottled water. OR a single grab-and-go prepared meal.	\$460 per semester
<input type="checkbox"/>	36 meals (approximately two meals per week and \$30 NTripp Dollars)	One entrée, one side, and a fountain beverage (12-22oz only), or non-flavored bottled water. OR a single grab-and-go prepared meal.	\$340– per semester
<input type="checkbox"/>	Commuter Dining Dollars Commuters can also select Dining Dollars/NTripp Dollars (Minimum purchase of \$50.00) Amount Requested: \$ _____	Use to purchase any food or beverage items at all locations where meal plans are accepted.	\$50.00 minimum. Additional Dining Dollars/NTripp Dollars can be purchased in \$50.00 increments.

Select Term: *Fall* _____ *Spring* _____

Select Method of Payment: *Financial Aid* _____ *Cash* _____ *Credit Card* _____

<i>To pay by Credit Card #</i> _____	<i>Expiration Date:</i> _____
<i>Name on Card:</i> _____	<i>Billing Address:</i> _____
<i>Billing Address Zip Code:</i> _____	<i>3 digit Security Code</i> _____

***Office Use Only** *Payment Date* _____ *FA Approval Date* _____

****** Go to page 2 for terms & conditions and signature line ******

College Association of Niagara County Community College, Inc.
Commuter Meal Plan Agreement
Terms & Conditions and Signature Line

1. Eligibility:
 - a. All Niagara County Community College **non-housing** students are eligible for a Commuter Meal Plan.
2. Duration of Contract:
 - a. Agreement is in effect for one academic semester, or the portion of the academic term remaining at time Meal Plan Option is requested.
 - b. Agreement cannot be terminated except as provided in Section 5.
 - c. Meal Plan service is not provided during academic breaks.
3. Assignment:
 - a. A student ID card is required to use Meal Plan.
 - b. Meal plans and ID Cards are **non-transferable** and are issued for the **SOLE** use of the student to whom they are issued. Food and beverages cannot be purchased for another person's consumption. Refunds follow College's published refund policy.
 - c. Students, their parents or legal guardians may receive information concerning your meal plans by contacting the Dining Services ("DS") Office (G-126) or College Association ("CA") admin office (G-214) 716-614-6848 during regular business hours. (Subject to FERPA regulations)
 - d. It is the responsibility of the card holder to report any lost or stolen ID card to the DS Office (G-126) or CA Admin office (G-214) in addition to NCCC Security office to prevent others from using your account. Or contact us via E-mail to CAmealplan@niagaracc.suny.edu.
4. Billing and Payment:
 - a. Payment is due at time of enrollment in a Meal Plan option.
 - b. Students with sufficient financial aid on Niagara County Community College student account may charge the Meal Plan to their account.
 - c. Past due Meal Plan payments are subject to suspension of the Plan until payment/Financial Aid is approved. There may be a 24-48 hour timing delay to verify Financial Aid Eligibility.
5. Meal Plan Cancellation and Termination:
 - a. Meal Plans and NTripp Dollars are per semester. Plan cancellations, reductions or changes can be made any time **before** the start of the semester and during business hours of the **first five days** of classes. After the fifth class day, only additions and increases are permitted. Refunds for total withdrawal subject to College's published refund policy. In addition, less the number of meal swipes used to date.
 - b. Meal Plans may be suspended based on notification to DS from the College business or financial aid office. Contact the College business office concerning suspended plans.
6. Acknowledgments:
 - a. I have read and understand the terms of the Commuter Meal Plan Agreement and accept financial responsibility for all charges incurred.
 - b. I authorize Niagara County Community College ("NCCC") to disclose my enrollment status and other information necessary in order to be eligible for charging the Meal Plan to my student account.
 - c. I authorize NCCC to pay Meal Plan charges from available financial aid, and other award amounts and payments, posted to my account. There may be a 24-48 hour timing delay to verify Financial Aid Eligibility.
 - d. CA and DS reserve the right to alter these terms and conditions, as it deems appropriate.

Signature: _____ Date: _____

Print Name: _____ Student ID #: @ _____

Term (ex: Fall 2020) _____