

Bemidji State University

Board Only Application/Contract

Please type or print with pen

PART I: Student Data:

Student Name _____
Last name First Name Middle initial

BSU Student ID _____ or SSN _____ - _____ - _____

Student Birth Date ____/____/____
Month Day Year

Permanent mailing address:

Local Bemidji Address:

City State Zip Code

City State Zip Code

**BOARD PLANS ARE FOR ONE SEMESTER ONLY.
MARK THE APPLICABLE SEMESTER:**

Local Telephone Number

Please check one: Fall Semester _____ Spring Semester _____

PART II. Please select ONE meal plan:

Benefit of Beaver Bucks over Cash: 20% discount on meals at Northwoods Dining hall. Variety store and food purchases are tax exempt.

_____ Any 200 Meal Plan: Includes 200 meals/semester and \$320 in Beaver Bucks (Cost: \$1150)

_____ Any 100 Meal Plan: Includes 100 meals/semester and \$600 in Beaver Bucks (Cost: \$1150)

_____ Beaver Buck Plan: \$1150 in declining balance (Cost: \$1150)

_____ Beaver Buck Plan: \$800 in declining balance (Cost: \$800)

_____ Commuter Meal Plan: \$340 in declining balance (Cost: \$340)

PART III. Contract Agreement:

1. This contract is binding for the **current semester only**. The meal plan is automatically terminated at the end of the contracted semester, unless you wish to continue by completing another Board Only Contract for the next semester.
2. \$200 in Beaver Bucks from Fall Semester may be carried over to Spring Semester. There is not a carryover after spring.
3. Dates of the contract are available in the current BSU Student Guide.
4. Meals are not served during mid-semester breaks or the break between semesters.
5. Written notification of cancellation of Board Only Contract is necessary, and a \$30 administrative processing fee will be assessed for canceling the contract.
6. Meal plan changes or cancellations must be made prior to the end of the day Friday, the third week of the semester, by submitting a Meal Plan Change form to the Department of Residential Life. **Beaver Bucks are not refundable.**

I have read and understand the conditions outlined above.

Signature

Date

Please return the **Board Only Application/Contract** to:

Department of Residential Life
Bemidji State University #33
1500 Birchmont Drive NE
Bemidji MN 56601-2699

DO NOT WRITE BELOW THIS LINE

Meal Plan _____ Submission date: ____/____/____ Comp. _____ Spreadsheet _____