

**2024 - 2025**  
**STUDENT MEAL PLAN AGREEMENT**

NAME:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
MI

EMPLID: \_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

DOLPHIN COVE:    ☐ **NORTH**    ☐ **SOUTH**    Room #: \_\_\_\_\_

STUDENT CIX EMAIL:

MEAL PLAN CHOICES (Exempt from NYS Sales Tax for Students Only):

☐ Blue Dolphin Plan \*  
\$1,975/Semester (\$3,950 Annual)

☐ Gray Dolphin Plan \*  
\$1,300/Semester (\$2,600 Annual)

☐ Green Dolphin Plan \*  
\$1000/Semester (\$2,000 Annual)

☐ COMMUTER  
\$300/Semester (\$600 Annual)

**\* First-time residents of Dolphin Cove are required to purchase either a Blue Dolphin Plan, Gray Dolphin Plan, or Green Dolphin Plan meal plan for the first (2) consecutive semesters of residency. Commuters and other Dolphin Cove residents may purchase any plan. Payment can be made directly to the Office of the Bursar.**

**\*\* PLEASE NOTE: By signing this agreement, you are purchasing the selected meal plan for TWO semesters, billed to your CUNYFIRST Account each semester. Contract holder is responsible for paying all meal plan charges for the entire term of contract WHETHER OR NOT THE MEAL PLAN IS USED. Meal plan funds EXPIRE at the end of each semester and DO NOT carry over to the next semester. Students who are applying for financial aid as all or part of payment for meal plan will be responsible for any outstanding balance due after financial aid is credited to their account. This contract is valid from the time of submission thru the end of the academic year. If submitted in fall this contract is effective for both the fall and spring semester. If submitted in spring this contract will only be valid thru the spring semester. PLEASE NOTE GUARANTOR SIGNATURE IS REQUIRED FOR COMPLETION AND PROCESSING OF THIS CONTRACT.**

Both my and the guarantor signatures below indicate that I have read and understand all the terms and conditions listed on Appendix A of this agreement and understand that I must comply with them. **I also understand that this is a legally binding contract. By signing below, both the guarantor and I indicate that all terms and conditions have been read and understood.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

☐ REQUESTED

☐ FIRST TIME RESIDENT