Summer Contract Change Request
Kansas State University Housing and Dining Services

Name: (please print) ____________________________________________________________
First     Last

Wildcat ID Number: (a 9-digit number that starts with an 8) ________________________________

Phone Number: _______________________________________________________________________

Of the sections below, complete only those in which you are requesting a change.

Meal plan
Change Meal Plan to   _____ 20 Meals   _____ 15 Meals

Arrival and Departure Dates
Changes to your expected arrival or departure date(s) must be made a minimum of 3 days in advance of the proposed date requested here. Failure to provide the required 3-day notice will result in a $75 improper check-in/out fee.

Expected Arrival Date: __________________     Expected Departure Date: ___________________

Roommate and Room Type Preferences
Every attempt will be made to accommodate your roommate and room type preferences, but there is no guarantee. Housing and Dining Services reserves the right to make final decisions on all assignments.

Preferred Roommate(s) Name            Preferred Roommate(s) Wildcat ID Number
1. __________________________________  1. _________________________________
2. __________________________________  2. _________________________________
3. __________________________________  3. _________________________________

Room Type Preference ___________________________________

Information Release Name(s)______________________________________________________________

Other Changes_________________________________________________________________________

Student Signature ___________________________________________ Date _______________________

FOR OFFICE USE ONLY
_________________ Date changed in HMS     ______________ Date changed in KSIS  ______________ Date changed in PCS