

Summer Contract Change Request  
Kansas State University Housing and Dining Services

Housing and Dining Services, Kansas State University  
104 Pittman Building, 1531 Mid Campus Dr. North, Manhattan, KS 66506-4601  
Email: [housing@k-state.edu](mailto:housing@k-state.edu)  
Phone: 785-532-6453 or toll free 888-568-5027  
Fax: 785-532-6855

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 \_\_\_\_\_ 14 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