

Sharks Bucks: HPU's Off-Campus Meal Plan Agreement

Academic Year 2017-2018

Directions: Initial next to the option(s) you have chosen and acknowledge that you agree to the terms and conditions of the Sharks Bucks program. Return this form to sharksbucks@hpu.edu or the Student Life Office at Aloha Tower Marketplace (Ste. 1400) by the last day to drop classes with 100% tuition refund (15-week Term – Part of Term 1).

Student Name:		HPU ID # @	
Housing:	Hawaii Loa Campus	Waterfront Lofts	Off-Campus
Meal Plan Requ	<u>uest</u>		
understa	osen to purchase a meal plan found the cost of the meal plan op at the beginning of each semes	tion I choose will be billed	to my HPU student
understa	osen to purchase a meal plan foind the cost of the meal plan op at the beginning of each semes	tion I choose will be billed	to my HPU student
I underst	osen to purchase a meal plan for and the cost of the meal plan o at the beginning of each semes	ption I choose will be billed	to my HPU student
<u>Plans</u>			
(initial) If studen	n A: \$1,100.00 Its spend \$73 on average each wee Ideal for students who reside at th	•	•
(initial) If studen meals per week.	in B: \$800.00 Its spend \$53 on average each wee This is ideal for students who live ents who spend a couple days a we lan.	off-campus and commute to t	he downtown campus.
(initial) If studen meals per week.	In C: \$500.00 Its spend \$33 on average each wee This is ideal for students who live ents who spend a couple days a wellan.	off-campus and commute to t	he downtown campus.



By signing the Sharks Bucks: HPU's Off-Campus Meal Pla the program terms and conditions and agree to its terms	
Student Signature:	Date:
If student is less than 18 years of age: I represent that I am the parent or guardian of the above bind the participant to the terms of this agreement.	ve student, and am legally authorized to
Print Parent/Guardian Name:	
Parent/Guardian Signature:	Date:

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