



Professional School Student Meal Plan Enrollment Form

I hereby agree to take the Professional School Student Meal Plan outlined below. The signing of this form indicates acceptance of this contract, which cannot be terminated.

Student Information (Please Print)

_____ Last Name	_____ First Name & Middle Initial
_____ Harvard ID #	_____ Contact Phone
_____ Affiliated Professional School	_____ Email
_____ Signature	_____ Date

Program Selection & Payment (to be paid by cash or check)

For use *exclusively* at Harvard University Dining Services retail or campus café locations.:

- Fall 2022 semester - \$400
- Spring 2023 semester - \$500

I will pay by Credit Card Check Term bill

Enrollment is restricted to enrolled Harvard professional or graduate school students. Payment must be received 10 business days prior to the requested meal plan activation date. The program is non-refundable.

To Enroll

If paying by credit card or term bill, email the completed contract to:

Sofia Printemps, sofia_printemps@harvard.edu

If paying by check, mail the completed contract and check (payable to Harvard University Dining Services) to:

Crista Martin, HUDS, 65-67 Winthrop Street, Cambridge, MA 02138

Contact Sofia Printemps at 617-495-2710 or by email at (sofia_printemps@harvard.edu) with questions regarding the program.