

## Recommended Supplemental Food Plan (SFP)

### Student Information

Student Name

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Personal Email Address: \_\_\_\_\_  
USERNAME@DOMAIN.\*\*\*

Term:  Fall  Spring  Summer Year: \_\_\_\_\_  
YYYY

### Please check the appropriate plan:

- \$2,520 - **Residential** SFP Plan (\$1,260 per term)
- \$1,800 - **Non-Residential** SFP Plan (\$900 per term)

By completing and signing this form, I acknowledge and understand that my account will be charged the amount indicated above and I am responsible to make payment or secure financial aid to cover this charge.

Initials: \_\_\_\_\_  
STUDENT INITIALS

### Cancellation Policy

Students may cancel their enrollment during the first two weeks of the term and be refunded 100% of the Supplemental Food Plan charge, minus any charges made prior to cancellation. Beyond the first two weeks of the term, students may not cancel the plan or be refunded for any portion of their plan charge. There is also no ability to appeal this policy.

Initials: \_\_\_\_\_  
STUDENT INITIALS

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Submit to:  
AMDA-NY Financial Aid Department  
421 West 54th Street, 2nd Floor  
New York, NY 10019  
FinancialAidNY@amda.edu