

R

Student Rocket Number

Student Last Name

Student First Name

( )  
Preferred Phone Number

**2026-27  
HOUSING/MEAL PLAN  
CHANGE WORKSHEET**

COMPLETE WITH BLACK INK  
ONLY.

**Please Note:**

A change to your housing plan is subject to UT housing policies and may result in a reduction to your Cost of Attendance budget and your aid eligibility. If you are reporting housing change to "On Campus" and the Office of Student Financial Aid is unable to confirm your housing status before financial aid disbursement, your housing status and Cost of Attendance budget will default to With Parent and no Meal Plan.

**Instructions:** Review the following housing plan descriptions and check the box to indicate your housing plan for each semester. Also, check "Yes" or "No" to indicate if a meal plan will be purchased for each semester.

| Housing Plan Descriptions                                                    | FALL 2026                                            |                                                                    | SPRING 2027                                            |                                                                      |
|------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|
|                                                                              | Fall 2026 Housing Plan<br>(if attending, select one) | Fall 2026 Meal Plan<br>(indicate if a meal plan will be purchased) | Spring 2027 Housing Plan<br>(if attending, select one) | Spring 2027 Meal Plan<br>(indicate if a meal plan will be purchased) |
| ON CAMPUS: I will be living in UT campus housing or Honors Academic Village. | <input type="checkbox"/> ON CAMPUS                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO        | <input type="checkbox"/> ON CAMPUS                     | <input type="checkbox"/> YES<br><input type="checkbox"/> NO          |
| WITH PARENT OR RELATIVE: I will be living with family.                       | <input type="checkbox"/> WITH PARENT                 |                                                                    | <input type="checkbox"/> WITH PARENT                   |                                                                      |
| OFF CAMPUS: I will be living off campus and <u>not</u> with family.          | <input type="checkbox"/> OFF CAMPUS                  |                                                                    | <input type="checkbox"/> OFF CAMPUS                    |                                                                      |

**HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.**

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

**Certification Statement:** By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature (using full legal name)

Date

**TO RETURN THIS FORM:**

Upload to: [myUT.utoledo.edu](https://myUT.utoledo.edu)  
"My Financial Aid"  
"Financial Aid Documentation Upload"

Mail to: The University of Toledo  
Office of Student Financial Aid  
2801 West Bancroft Street, Mail Stop 314  
Toledo, OH 43606-3390

In person: Rocket Solution Central  
1200 Rocket Hall

Fax to: 419.530.5835

**Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.**