



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

OFFICE OF SORORITY &
FRATERNITY LIFE

Sorority Village/ Fraternity Park Meal Plan Verification

This is to confirm that _____ has a University approved contract meal plan with _____ sorority/fraternity. It is understood by the student and the sorority/fraternity that the cost of the meal plan will be billed through the student's University account.

\$ _____ _____ _____
Amount to bill student per semester (✓)Fall (✓)Spring Number of meals per week

Student signature Student ID Date

House Corporation Board Representative Sorority/Fraternity Name Date