

Request for No-Show Fee Appeal

When a student fails to show up for an appointment, or cancels without adequate notification, other students who could have been served in a timelier manner must wait longer for necessary services.

If you believe that we have made an error in charging you for a no-show/late cancellation, or feel you deserve special consideration for such a fee, please complete the following form. Appeals must be submitted within 30 days of appointment date.

Today's Date: _____ **B0 #:** _____

Name: _____ **Phone:** _____
First Middle Last

Address: _____

Date the fee was charged? _____ **and/or Date of services you are appealing:** _____

Appointment Type: Student Health Center Student Counseling

Reason for the appeal request:

- Left voice message to cancel on _____. (Date)
- Spoke with _____ (staff) to cancel on _____. (Date)
- Fee waiver approved by _____. (Staff)
- Other/Comments: _____

I understand that the appeal process is not a guarantee of reversal of the no-show/late cancellation fee. After this form is received it will be given consideration and we will provide a written response at the address listed above.

Student Signature: _____ **Date:** _____

-----**Office Use Only**-----
Disposition of Appeal: Fee waived Fee waiver denied Other

Basis for decision: _____

Director/Associate Director Signature: _____ **Date:** _____

Student Notification of Disposition:

Mail Phone Staff Member Signature _____ Date: _____