UNLV STUDENT WELLNESS CENTER

Request for No-Show Fee Appeal

When you fail to show up for an appointment, or cancel without adequate notification, other individuals must wait longer for necessary services.

If you believe that we have made an error in charging you for a no-show/late cancellation, please complete the following form. Appeals must be submitted within 45 days of appointment date.

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

Name:_____ **Phone:** _____

First Middle Last

Email Address: _____

Date of appointment you are appealing: _____

Select: ❑Student Health Center ❑Student Counseling & Psychological Services ❑ FAST Center

Reason for the appeal request:

_____

_____

_____

_____

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 reviewed within 30 days. If approved, the fee will be removed from your account.

Signature: _____ **Date:** _____

----------**Office Use Only**----------

Disposition of Appeal: ❑Fee waived ❑Fee waiver denied ❑Other

Basis for decision: _____

_____

_____

Office Representative Signature: _____ **Date:** _____

Student Wellness Center
Division of Student Affairs
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