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: ___________________________  NSHE #: ___________________________

Name: ________________________________________________________________ Phone: __________

First                               Middle                                      Last

Address: __________________________________________________________________________

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

Clinic:  ☐ Student Health Center  ☐ Student Counseling & Psychological Services
☐ Rebel Wellness Zone

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: ________________

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: ________________

Student Wellness
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