No-Show Charge Appeal Form

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 and return it to the Counseling Center. Please submit this form within one week of the missed appointment to avoid a charge.

Name:_______________________ ID#__________________ Date:___________
Date of Appointment (if known):_____________ Counselor (if known):_______________

Please use the space below to explain why you are appealing the No-Show/Late Cancellation charge.
__________________________________________________________________________________________
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Please provide information where we may contact you:
Address:________________________________________ Phone:_____________________
                                                  ___________________________________________ e-mail:____________________

Signature                                    Date

Please drop off, mail or fax this form to our address:
NCSU Counseling Center
2815 Cates Ave., Box 7312
Raleigh, NC 27695-7312
Phone: 919-515-2423
Fax: 919-515-8525
(ATTN: NS)

After this form is received it will be given consideration and we will attempt to contact you regarding your appeal via one of the methods above.

For Counseling Ctr. Use Only:
File #
Date Received__________
Date Processed__________
Processed By___________
Action: Waived Denied Other___________
Notified: Mail Phone Other___________
Addtl Notes:______________________