

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.

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: _____