

## No-Show/Late Cancellation Fee Appeal Form

The Cal Poly Health Center (Health and Counseling Services) wants to increase students' access to service. When a student fails to keep an appointment or cancels at the last minute, professional time goes unused and other Cal Poly students fail to get timely service.

If we have made an error in scheduling or you believe you deserve special consideration for a "No-Show/Late Cancellation Fee", please complete the following information (along with any supporting documentation you may have). Your request will be reviewed and you will receive a decision via Secure Email sent to your Cal Poly email address.

**Completed forms must be received by the Cal Poly Health Center no later than two weeks from the date of the missed appointment. The form can be submitted to us by:**

- Walking the form to the Health Center in person during our regular business hours
- Faxing the form to (805) 756-5298
- Emailing the form to [health@calpoly.edu](mailto:health@calpoly.edu)\* (Medical Appointments)
- Emailing the form to [counseling@calpoly.edu](mailto:counseling@calpoly.edu)\* (Counseling Appointments)

\*Your email will be sent to us via unencrypted email and confidentiality should not be expected. Please use caution when including medical information.

### Personal Information

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Missed or Late Canceled Appointment Information

Date the appointment was missed or late canceled:		Time the appointment was missed or late canceled:	
Name of Provider you were to see:			
Describe the reason for requesting special consideration:			

*For internal use only*

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

- Approved
- Denied