



John A. Swenson Student Health Services
McCannel Hall, Room 100
2891 2nd Avenue N., Stop 9038
Grand Forks, ND 58202-9038
Phone: 701.777.4500 Fax: 701.777.4835

Request for No-show Fee Appeal

You must submit your Appeal within 30 days from your scheduled appointment to be considered.

Please complete and submit the following form by:

- Mailing to Student Health Services
- Hand delivering to Student Health Services

Today's Date: _____ UND ID# _____

Name: _____ Phone: _____
First Middle Last

UND Email Address: _____

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

Reason for the appeal request:

- Spoke with _____ (staff) to cancel on _____ (Date)
- Other/Comments: _____

I understand that the appeal process is not a guarantee of reversal of the no-show fee.

Student Signature: _____ Date: _____

After this form is received, it will be reviewed and a written response will be sent to your UND email address within 10 business days.

To avoid finance charges that are non-reimbursable, it's recommended you pay the no-show fee that's been billed to your Campus Connection account. If your appeal is granted, you will be notified via your UND email account and a credit will be sent to your Campus Connection account.

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

Date appeal form received: _____ By Whom: _____

Disposition of Appeal: Fee waived Fee waiver denied Other

Basis for decision: _____

Director Signature: _____ Date: _____

Student Notification of Disposition:

Email Staff Member Signature: _____ Date: _____