

**CMHC**  
UT COUNSELING AND  
MENTAL HEALTH CENTER  
DIVISION OF STUDENT AFFAIRS

**No-Show/Late Cancellation Fee  
Appeal Form**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **UTEID:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date and Time of Missed Appointment:** \_\_\_\_\_

**What's the best way to notify you regarding outcome of appeal? (please  $\checkmark$  options)**

**Phone:**  **E-mail**  **Letter (provide address)** \_\_\_\_\_

**Reason for missed appointment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

*For Office Use Only*

Previous No Show/Late Cancellations: \_\_\_\_ Yes \_\_\_\_ No If yes, dates and times \_\_\_\_\_

Fee Waived \_\_\_\_ Yes \_\_\_\_ No If no date reported: \_\_\_\_\_