UF | Student Health Care Center
UNIVERSITY of FLORIDA

NO SHOW/ CANCELLATION FEE APPEAL FORM

REQUIRED – UFID NUMBER (8 digits): ☐☐☐☐-☐☐☐☐

Name: _____

Term: ☐ **FALL** ☐ **SPRING** ☐ **SUMMER A** ☐ **SUMMER B** ☐ **SUMMER C**

Date of Cancelled or Missed Appointment: _____

Before completing this form, please review the Student Health Care Center's cancellation/no show information on our the website shcc.ufl.edu.

Please Note:

- You may appeal the No Show fee by submitting an appeal form within 30 days of the missed appointment.
- A committee will review your appeal request and a response will be sent to your university email address within 60 days.
- The appeal process is not a guarantee of reversal of the No Show/Cancellation fee.

Please offer an explanation on the no show/cancellation for your scheduled appointment at the UF Student Healthcare Center. Please sign and date below to confirm your understanding of the information above.

Please email your completed appeal form to: SHCC-PFS@ad.ufl.edu

Explanation:

_____
_____
_____
_____
_____

_____ _____

Signature **Date**