



Nutrition Appointment Fee Appeal Form

Name: _____

Date of Nutrition Appointment: _____ Time of Appointment: ____ : ____ AM/PM

Date fee was charged to your account: _____

Date of Appeal Form Submission: _____

By signing below, I acknowledge that I understand and give approval for the Nutrition Appointment Fee Appeal Committee to review the information I share on this form, any documentation I submit in support of this form as well as any relevant information as it relates to the specifics of my appeal request.

Student Signature

Date

Please fill out this form in its entirety. It must be submitted to KSU Health Promotion and Wellness no later than 10 days after the fee was charged to your account. You will be notified of the results of this appeal form via email.

It is strongly recommended that students submit all relevant documentation with this form as it will not be accepted after a decision has been made. If you are unsure of what forms of documentation will be accepted, please contact KSU Health Promotion and Wellness at 470-578-6394.

Please use the space below to explain the reason you believe that the missed appointment and/or last-minute cancellation should not be charged to your student account. Include any relevant documentation and details.