

Eastern Illinois University Counseling Center
No-Show Charge Dispute Form

NAME: _____

E#: _____

Date/Time of Missed Appointment: _____

Counselor appointment was scheduled with: _____

Reason appointment was missed:

*Additional documentation may be attached if you feel it would be helpful in supporting your dispute for not canceling or rescheduling prior to the time of your missed appointment.

Student Signature

Date

For Office Use Only :

Reviewed by:

Date

Comments: Approved

Denied