

Request for Fee Waiver

Student Missed Appointment Fee Waiver Request Form, which includes:

Student Name: _____

Student ID: _____

Appointment Date & Time: _____

Fee Amount: _____

Reason for Missed Appointment:

Justification for Fee Waiver (Please explain why you feel the fee should be waived):

Please return the completed form to: sws.invoices@ucalgary.ca