

For Staff Use Only:
Appointment Date: _____
Appointment Time: _____
Employee Initial: _____



Nutrition Services

No-Show/Cancellation Fee Agreement

I, the undersigned, understand and authorize the Center for Health Promotion and Wellness to initiate a charge of **\$25.00 per appointment** on my student account, which may result in withholding of grades, transcripts, future registration and the forfeiture of continued participation in nutrition counseling for the remainder of the semester, if I fail to show for my appointment (considered a “no-show”) or fail to cancel more than 24 hours before my scheduled appointment.

I, the undersigned, understand if I call to cancel or reschedule my appointment and must leave a voicemail, the time I leave the voicemail will be considered the time I notified the Center for Health Promotion and Wellness about the cancellation/need to reschedule. For example, if I call Monday evening at 6:30PM to cancel my 9AM appointment on Wednesday, I will have given 35 hours and 30 minutes notice of needing to cancel my appointment and will not be penalized.

I, the undersigned, understand if I am 15 minutes or less late, my nutrition counseling appointment will only last until the end of the scheduled time. I understand if I am more than 15 minutes late to my nutrition counseling appointment I will be considered a “no-show” and the Dietitian will be under no obligation to provide nutrition services.

I, the undersigned, understand I can call the front desk of the Center for Health Promotion and Wellness at 470-578-6394 to confirm my appointment date/time.

I, the undersigned, understand I am only eligible to reschedule only if I have called or left a message more than 24 hours prior my appointment.

KSU ID _____

KSU Email Address: _____@students.kennesaw.edu

Printed Name: _____

Phone Number: _____

Student Signature

Date

Parent/Guardian Signature (if student is under 18 years or age)

Date