Kennesaw State University
Health Promotion and Wellness
290 Kennesaw State University
Rd. Suite 1200, MD 0301
Kennesaw, GA 30144

Health Promotion and Wellness

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 protest 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 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 write out 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. If you prefer, you may type up your description and staple it to this form.

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