

FEE WAIVER REQUEST FORM

To request a fee waiver, please fill out the following form **completely, legibly and concisely**. Your request will be reviewed by management. **Please submit the form within 10 business days of the late cancellation or missed appointment.**

Name:

Phone:

PERM:

E-mail:

Local Mailing Address:

Type of Fee to be Waived: Late Cancellation Missed Appointment

Appointment Date:

Appointment Time:

Clinician:

As clearly and concisely as possible, please explain why you would like to have your fee waived:
If you need more room, please use the back of this form

Signature:

Date:

PLEASE COMPLETE AND SUBMIT THE FEE WAIVER FORM TO:

UCSB Counseling and Psychological Services
Attn: Front Desk Reception Staff
Santa Barbara, CA 93106-7030

Forms may also be submitted via fax or e-mail
CAPSAppointmentDesk@sa.ucsb.edu
(FAX) 805-893-5259

You will be notified once a decision has been made on your request.
Please allow up to 15 business days for processing

FOR CAPS STAFF ONLY:

Request Approved

Request Denied

Staff Signature

Date

Date Form was
Received:

Logged by FD
(Initial)

FD Notified Student
(Initial & Date)