

FOR CAPS STAFF ONLY
Date Received: _____

University of California, Santa Barbara
Counseling and Psychological Services

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:

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 Front Desk
or
Email: CAPSAppointmentDesk@sa.ucsb.edu

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

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Request Approved Request Denied Staff Signature: _____ Date: _____

Entered in to FW Log (Initial): _____ Notified Student (Initial & Date): _____

Entered in BARC: Batch No. _____ Initial & Date _____

Credited in BARC: Batch No. _____ Initial & Date _____

Void/Reversed in PNC (Initial & Date): _____

Comments: _____