



University Health Center Fine Appeal Form

1. Complete the Appeal Form including a description of the extenuating circumstance that prevented submission of state required immunization documentation by the due date or that resulted in you missing or failing to cancel your scheduled appointment. Include any important supporting documents (such as an accident report.)
2. Print your completed Appeal Form and sign the certification statement.
3. Submit the completed and signed Appeal Form to the University Health Center. Forms are accepted by email at healthctr@jmu.edu, secure fax at 540-568-6176, or hand delivery to the University Health Center’s Health Information Office (on the second floor of the Student Success Center near the bridge to Madison Hall.)

Appeal Forms will be processed within one week of submission. An appeal decision will be sent to you through secure message on your online student health portal MyJMUHealth.

Please provide your statement of appeal in the space below. If the appeal is related to missing an appointment, please provide the date of the appointment that was missed.

I certify that the above statement is an accurate description of my extenuating circumstances.

Student Name

Student ID

Student Signature

Date

Office Use Only

Appeal Granted (Fine/Hold Reversed)

Appeal Denied

Signature _____
(Health Center Administrator)

Date: _____

Signature _____
(Health Center Administrator)

Date: _____