**University of Southampton**

**Doctoral Programme in Clinical Psychology**

**Request to miss teaching**

(for absence of fewer than 3 days).

**Name:**

**Year of intake:**

**Please specify the reason for your request:**

**Please outline Sessions which will be missed and how you will make up for missing this teaching.**

|  |  |  |
| --- | --- | --- |
| **Date of teaching session** | **Module number and session title** | **Specify how you will make up for missed teaching** |
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**Please submit the request to the Academic Director or Programme Director. Forward a copy of approval to Module Coordinator.**

**Date approved:**