**Name: Signature:**

**University of Southampton**

**Doctoral Programme in Clinical Psychology**

**Making up for missed teaching**

(for absence of more than 3 days).

**Name:**

**Year of intake:**

In the event of missing three or more days of teaching, please contact the Module coordinator to complete a ‘Plan for making up for missed sessions’ and submit this plan along with this form.

|  |  |  |
| --- | --- | --- |
| **Date**  | **Module number and title of missed teaching sessions** | **Details of agreement reached with Module Coordinator to make up for missed teaching** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please submit copies of this form to the Academic Director and Module Coordinator.**

**Date approved:**