



**REGENT  
UNIVERSITY**

**Christian Leadership  
to Change the World**

**SCHOOL OF PSYCHOLOGY AND COUNSELING  
DOCTORAL OF CLINICAL PSYCHOLOGY  
COLLOQUIUM ABSENCE FORM**

**Name:**

**Date of Event to be Missed:**

**Reason for Absence:** (please note that students are to be available for events during a semester unless the school is on an official break-break dates are listed on the academic calendar)

**Plan to Make up Event:**

I understand I must watch the video of the presentation and write a 5-page paper summarizing and responding to the program content. Paper must be submitted within 2 weeks of the video being made available.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**\_\_\_ **Not Approved**\_\_\_

**Colloquium Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_