

**TREVECCA NAZARENE UNIVERSITY**  
**Graduate Psychology Department**  
**Class Absence Form**

**Directions:** Please provide the requested information as succinctly and fully as possible. Attach any substantiating documentation (Attendance policy information can be found on the reverse side).

Return this form to: Dr. Peter Wilson  
Director of Graduate Psychology Program  
Trevecca Nazarene University  
333 Murfreesboro Road  
Nashville, TN 37210

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Date of Absence: \_\_\_\_\_ Course Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Rationale for Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor's

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Excused Absence

\_\_\_\_\_ Unexcused Absence

Signed: \_\_\_\_\_

Director of Graduate Psychology Program