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Radiologic Technology Department Absence/ Make-Up Form

Attention Student: Following an absence, you must fill out this form, and submit the form to your clinical instructor for approval. Once approved, submit this form to a Mt. SAC Professor within 3 days of the absence (not including weekends). If you fail to submit this form in the time indicated, you will be placed on probation.

Session (circle one): **FALL** **WINTER** **SPRING** **SUMMER**

Student Name: _____ Clinical Facility: _____

Date(s) of Absence: _____ Total Hours Owed: _____

Date(s) and Time of Make-Up Hours: _____

Name of Person Contacted Regarding the Absence: _____

Additional Comments: _____

Clinical Instructor's Signature for approval: _____

Student Signature: _____

Mt. SAC Professor Signature: _____

Date Submitted to a Mt. SAC Professor: _____

This contract is considered a "scheduled shift." Failure to attend is considered an additional absence. Depending on the number of absences, failure to attend may necessitate probation and/or no credit for the course.

RT Department Fax Number: (909) 274-2466

Engisch: pengisch@mtsac.edu, McLaughlin: dmclaughlin@mtsac.edu, Neel: mneel@mtsac.edu

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