## Radiologic Technology Department Absence/ Make up Form

Students must fill out this form and give to the clinical instructor for approval. Once approved, this form must be turned in to the MTSAC Professor within 3 days of the absence. (not including weekends) If the student fails to submit this form in the time indicated, the student will be placed on probation.

<b>Session</b> (Circle one):	FALL	WINTER	SPRING	SUMMER	
Clinical Facility					
Student Name					
Date(s) of absences					
Total hours owed			_		
Dates and times for ma	ake-up ho	ours:			
Who was contacted ab	out the a	bsence(s)?			
Additional comments:					
Date student turned in	form to l	MTSAC Profes	sors		
Clinical Instructor's Sig	ınature for	approval			
Student's Signature					
MTSAC Professor Signa	iture				

This contract is considered a "scheduled shift". If the student does not show up, it will be considered as an additional absence and depending on number of absences may necessitate probation and/or no credit for the course.

Fax number: (909) 274-2466