Radiologic Technology Program 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 Mt. SAC's Clinical Coordinator 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.

Session (Circle one):	FALL	WINTER	SPRING	SUMMER	
Clinical Facility					
Student Name			,,,,,		_
Date(s) of absences					_
Total hours owed					
Dates and times for ma	ike-up ho	urs:			_
		 			_
					_
Who was contacted about the absence(s)?					
Additional comments:					_
					_
Date student turned in form to MSAC Professors					
Clinical Instructor's Signature for approval					
Student's Signature		· · · · · · · · · · · · · · · · · · ·			
Mt. SAC's Clinical Coord	inator's S	ignature			

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