Radiologic Technology Program - Schedule Change Form

Session (Circle one):	FALL	WINTER	SPRING	SUMMER	
Clinical Facility					
Student Name					
Current Schedule					
carrent senedate					
Effective Date New Sc	hadula ha	gins			
Lifective Date New Sc	iledule be	giii3			
Requested Schedule C	hange (nl	ease include	dates & time	s)	
nequested seriedale e	inange (pr	case melade v	autes & time	- ,	
Additional comments:					
Signatures:					
Clinical Instructor _					
Student's Signature					-
Mt. SAC Faculty					-
****Remember, you ca	most da	iata bu mara	than ara ba	un of vous assissed sales	dulo****
Remember, you ca	minot aev	ate by more	uiaii one nol	ii oi your assigned sche	uule
Eav number: (000) 274	2466				
Fax number: (909) 274-	2400				