



# **SOUTHWESTERN**

## COMMUNITY COLLEGE

### **Radiography Program Missed Clinical Time Form**

**Students name** \_\_\_\_\_

**Date Missed** \_\_\_\_\_

**Hours Missed** \_\_\_\_\_

**Date of Makeup** \_\_\_\_\_

**Hours Made up** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form is to be completed and signed by the student the day upon returning to clinical. Once signed by the clinical instructor, a copy is to be made and given to the Clinical Coordinator. This form will be kept on file in the department.**