



# MAKE-UP FORM

**\*THIS FORM MUST BE SUBMITTED TO THE OFFICE OF CLINICAL EDUCATION (OFFICE #1062) 3 WEEKS PRIOR TO MAKE-UP.**

Please circle one:                      2<sup>nd</sup> Year                      3<sup>rd</sup> Year                      4<sup>th</sup> Year

Today's Date: \_\_\_\_\_ Name of Student intern: \_\_\_\_\_  
(please print)

DATE OF MAKE-UP SHIFT:	AM / PM:	DATE / REASON FOR MAKE UP:	SHIFT:

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**Office use only**

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval:**

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Entered on schedule:    yes \_\_\_ no \_\_\_                      Date: \_\_\_\_\_                      Initial: \_\_\_\_\_