

**SCHOOL OF SURGICAL TECHNOLOGY**  
**CLINICAL MAKE-UP PLAN**

NAME \_\_\_\_\_

DATE ABSENT \_\_\_\_\_

CLINICAL ROTATION/SURGICAL SPECIALTY \_\_\_\_\_

INSTRUCTOR/PRECEPTOR ASSIGNED TO MAKE-UP \_\_\_\_\_

DESCRIPTION OF CLINICAL ASSIGNMENT :

SIGNATURE:

STUDENT \_\_\_\_\_ (DATE) \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ (DATE) \_\_\_\_\_

CLINICAL ASSIGNMENT COMPLETED (DATE) \_\_\_\_\_

INSTRUCTOR SIGNATURE \_\_\_\_\_