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_____