

Make-Up / Vacation Registration Form

Current Quarter: Winter Spring Summer Fall / 20

Level: Level 1 Level 2 Level 3

Student Name:

Student ID:

Student Signature:

Completed Clinic Total Hours: _____ Hrs <small>(Until the previous quarter)</small>	Registered Hours: _____ Hrs <small>(Only this quarter)</small>
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Make-up: _____ Shift	Vacation: _____ Shift(s)	Total: _____ Shift(s)
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* Choose Day / Shift & Fill out Supervisor Name

11th	Mon	Tue	Wed	Thur	Fri	Sat
AM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
PM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
Eve	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
12th	Mon	Tue	Wed	Thur	Fri	Sat
AM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
PM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
Eve	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
13th	Mon	Tue	Wed	Thur	Fri	Sat
AM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
PM	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name
Eve	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name	Supervisor Name

* Please refer to the schedule for Level 1 internship students to complete a total of 200 hours with 2 OB Theaters, 2 OB Rounds, and 1 herbal practicum.