

PERMISSION FOR VARIED CLINICAL HOURS

Students may work with Clinical Instructor(s) to schedule hours different from the published University and Radiography Program schedule when sound rationale is provided. This form must be completed for each varied schedule. Please copy this form and have your clinical instructor sign it, demonstrating their permission, prior to contacting University faculty for approval. Once approved by WSU faculty, you may proceed with the agreed schedule. Hours completed without approval may not be counted toward your program. A copy of the completed form will be placed in your student file. Any student that needs additional time off for significant medical purposes must return with a physician release or written permission. On occasion when significant clinical time is missed and competency is hindered, a Leave of Absence may be considered.

Date: _____ I, _____, a student in the Weber State University Radiologic Technology Program, ask permission to complete a varied clinical education schedule different than the schedule outlined in the University policies at _____ (clinical affiliate) for the period of _____ (date) to _____ (date) for _____ hours.

I understand that according to the policies stated in the Student Handbook that a student will not be allowed to participate more than forty (40) hours per week or complete more than ten (10) hours of clinical education time per day. I agree to cooperate with the scheduling system at my clinical site, and understand my obligation to be punctual and in attendance when scheduled.

Student Signature

Clinical Instructor Signature

WSU Faculty Advisor Please provide a rationale for working a varied clinical schedule below.

