



St. Mary's Hospital School of Medical Imaging

Clinical Leave Request Form

I, _____, have requested a Clinical Leave. I understand that I must submit a written letter explaining my reasons for requesting a Clinical Leave to include documentation, if applicable. I agree to meet all requirements set forth by the School prior to re-entry into the Radiologic Technology program.

Requirements upon return:

Clinical Leave start date: _____

Estimated date of return to clinical: _____

Student Signature _____ Date _____

Dean Signature _____ Date _____

Program Coordinator initials and notification date: _____ Date _____

Program Coordinator Clinical Education Experience initials and notification date:

_____ Date _____