WHOLE HEALTH CLINIC
DONGGUK UNIVERSITY LOS ANGELES

Make-Up / Vacation Shifts Registration Form

Name: _____ **Student ID:**_____

Intern Level: □ Level 1 □ Level 2 □ Level 3

Total Completed Clinical Hours: _____ *(Excludes current Quarter)* **Registered Hours:** _____ *(This Quarter)*

Make-Up: _____ *Shift(s)* **Vacation:**_____ *Shift(s)* **Total:** _____ *Shift(s)*

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*

Student Signature: _____ **Date**:_____

FOR OFFICE USE ONLY

Clinic Coordinator: _____ **Date**:_____

Updated 10/01/2025