

# CERTIFICATE AND EVALUATION FORM

OF 9-WEEK INTERNSHIP IN INTERNAL MEDICINE AS A PART OF THE STUDENT'S SIXTH YEAR'S CURRICULUM

Name of the student:.....

Date and place of birth:.....

Duration of the practice: from..... to:.....

The above student of **Semmelweis University, Budapest** has duly performed the obligatory 9-week internship according to the attached program at the Department of Internal medicine of the undermentioned hospital/clinic under my supervision.

Evaluation of the student's work (tick the appropriate):

Comments on the student's performance noting strengths and weakness:

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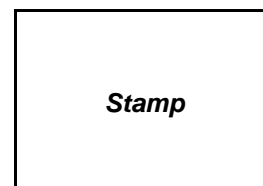
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*Name of the Hospital/Clinic*

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*Signature of Professor in charge/Head of Department*



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