

LETTER OF ACCEPTANCE
FOR OBLIGATORY SUMMER PRACTICE IN
DENTAL OFFICE (4 WEEKS)

Student's name: _____ **Neptun code:** _____

Date and place of birth: _____

The above student of SEMMELWEIS University, Budapest is authorized to perform his/her SUMMER PRACTICE in our department according to the required 4 weeks Dental Office program.

Duration of practice:

from: _____ **until:** _____

Date and place

Name of Clinic/Hospital

**Signature of Professor in charge/
Head of Department**

Stamp of Clinic/Hospital

**Name in capital letters of Professor
in charge/Head of Department**

The student has to practice whole scale comprehensive dental treatment.

Including:

- Oral Prophylaxis,
- Restorations,
- Root Canal Therapy,
- Minor Prosthodontics and
- Er. Management.