

# CERTIFICATE

OF 4-WEEK OBLIGATORY INTERNSHIP  
IN NEUROLOGY  
AS PART OF THE STUDENT'S SIXTH YEAR'S CURRICULUM

*Name:* .....

*Date and place of birth:* .....

The above student of SEMMELWEIS University, Budapest has duly performed the obligatory 4-week internship according to the attached program at the Department of Neurology of the undermentioned hospital/clinic under my supervision.

**The last week of the rotation is reserved for taking the final examination.**

*Duration of practice:* from ..... to .....

*Evaluation:* excellent / satisfactory / unsatisfactory

*Comments* on the student's performance noting strengths and weaknesses:

.....  
.....  
.....

.....  
*Date and place*

*Stamp*

.....  
*Name of Hospital/Clinic*

.....  
*Signature of the Dean*

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

.....  
*Name in capital letters*

.....  
*Name in capital letters*