PROOF OF COMPLETION
of voluntary work

Location of voluntary work:

Clinic/Hospital: .....,
Department: .....,
Student's name: ....., year: .....,
Mother's name: ....., date of birth: .....,
As the representative of the above mentioned institution I confirm that the above named student performed voluntary work from ..... 2020 to..... 2020 for ..... hours a day.
Brief description of the activities performed as part of the voluntary work:
.....
.....
.....
Date: .....

Legible name of the representative issuing the proof of completion: .....
title: .....
signature:.....

Locus sigilli:

Proposal of the head of the competent educational unit:

I propose to accept the above confirmed voluntary work as the equivalent of ..... week(s) of ..... (subject) practice.

Date: .....

l.s. signature: .....

Dean's decision:

1) I support the above proposal.

2) I support the above proposal with the following modification(s):
……
……

Cím: 1085 Budapest, Üllői út. 26.
Postacím: 1085 Budapest, Üllői út. 26.; 1428 Budapest, Pf. 2.
E-mail: titkarsag.aokdekani@med.semmelweis-univ.hu

Tel.: (06-1) 317-9057, (06-1) 459-1500/55238
Fax: (06-1) 266-0441
Web: http://semmelweis.hu/aok

Date: .....

l.s. signature: .....

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