

Registration Nr.:

## APPLICATION FOR A DEMONSTRATORSHIP / STIPEND

20\_\_ / 20\_\_ Academic Year

Applicant's data	
Faculty:	Language of studies:
Name:	
Neptun code:	Year of study (1 <sup>st</sup> to 6 <sup>th</sup> ):
Birthdate and place:	Mother's maiden name:
Phone number:	E-mail address:
Address in Hungary:	

Department's data
Faculty:
Name of Department:
Address of Department:

Aspects
Topic/subject:
Participation in professional and/or organisational activities of TDK:
Achievements in other professional competitions:
Language skills:
Contribution at the organisation of faculty, education and research department events:
Other involvement in teaching or research activities:
Other professional activities:

Details of demonstratorship fulfilled earlier	
Academic year:	Department:
Academic year:	Department:
Academic year:	Department:

Details of study record	Academic year	Study average 1 <sup>st</sup> semester	Study average 2 <sup>nd</sup> semester
Previous academic year	20__ / 20__		
Current academic year	20__ / 20__		

Subjects and results of the chosen field	
Subject:	Result:
Subject:	Result:
Subject:	Result:
Subject:	Result:

Other:

.....  
 .....

Date: .....

.....

Signature of the applicant

Suggestion of the Head of the Department	
<input type="checkbox"/>	I support the application
<input type="checkbox"/>	I do not support the application
Duration of the demonstratorship:	5 months      10 months
Institutional Ranking:	
Date:	Stamp:
Signature:	

Suggestion of HÖK (Student Union of Semmelweis University)	
<input type="checkbox"/>	We support the application
<input type="checkbox"/>	We do not support the application
Date:	Signature:

Decision of the Dean of the Faculty	
<input type="checkbox"/>	The Applicant was awarded the stipend/demonstratorship (upon recommendation by the Head of Department)
<input type="checkbox"/>	The Applicant was awarded the stipend/demonstratorship with the following modifications :
<input type="checkbox"/>	The application was not successful
Duration of demonstratorship:	
Amount of the stipend:	
Date:	Stamp:
Signature:	