

LETTER OF ACCEPTANCE

**FOR OBLIGATORY INTERNSHIP IN _____ (title of internship)
AS PART OF THE STUDENTS'S SIXTH YEAR'S CURRICULUM**

Student's Name:

Date and place of birth:.....

The above student of SEMMELWEIS University, Budapest is authorized to perform his/her clinical rotation in our department according to the required rotation program.

Duration of practice: **from** **until**

.....
Date and Place

.....
Name of Hospital/Clinic

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

.....
Name in capital letters

.....
Name in capital letters