

CERTIFICATE

OF 1-WEEK OBLIGATORY INTERNSHIP
IN INFECTOLOGY IN PEDIATRICS
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 1-week internship according to the attached program at the Department of Pediatrics of the undermentioned hospital/clinic under my supervision.

Duration of practice: from to

Evaluation: excellent / satisfactory / unsatisfactory

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

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Date and place

Stamp

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Name of Hospital/Clinic

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Signature of the Dean

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*Signature of Professor in charge/
Head of Department*

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Name in capital letters

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Name in capital letters