

LETTER OF ACCEPTANCE

FOR OBLIGATORY INTERNSHIP IN TRAUMATOLOGY AS PART OF THE STUDENTS'S SIXTH YEAR'S CURRICULUM

Student's Name:.....*Neptun code*.....

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 Traumatology Hospital/Clinic

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

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Stamp of Traumatology Hospital/Clinic

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Name in capital letters