

# CERTIFICATE

## ONE WEEK INTERNSHIP IN ..... AS A FACULTATIVE WEEK AS A 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 ..... of the under mentioned hospital/clinic under my supervision.

Duration of practice: .....

Evaluation:                    excellent / satisfactory / unsatisfactory

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

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.....  
.....

.....

Date and place

SEAL

.....

Name of the Hospital/Clinic

.....

Signature of the Dean

.....

SIGNATURE OF PROFESSOR IN CHARGE/

HEAD OF THE DEPARTMENT