



CERTIFICATE
performed voluntary work
for students of year VI.

Place of voluntary work:

Clinic/ Hospital:

.....

Department:

.....

Name of student:, year:,

mother's name:, date of birth:,

I certify as a representative of the institution above that the student performed voluntary work from
..... 2020 to2020 by working hours per day.

Brief description of the voluntary activity:

.....

.....

.....

Date:

Readable name of the person who issues the certificate:

title:

signature:

Place of the stamp of the institution:

Proposal of the head of the educational organizational unit:

(The relevant part should be underlined)

1) Accept in full.

Date: Signature

2) Accept subtotally, one week make-up practice is requested.

Date: Signature:

L.s. signature:

Decision of the Dean:

1) I agree with the proposal of the accreditation above.

2) I not agree with the proposal of the accreditation above.

Date:

L.s. signature: