



Semmelweis Egyetem  
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## Certificate

**for students applying for Erasmus+ study or traineeship mobility (Faculty of Medicine,  
 Dentistry and Pharmacy)**

I, ..... as undersigned,  
 administrator at Registrars Office certify that:

Name of student: .....  
 Neptune code: .....  
 Address: .....  
 Division: Daytime/Evening/ Correspondence Training/Other\*  
 Number of active semesters completed during this course: .....

is student of Faculty of Medicine/Dentistry/Pharmaceutical Sciences.\*

The current status of student: active / passive\*

Cummulated, weighted average of his/her last completed semester: .....

\* Please underline appropriate one

Budapest, 2020.....

.....  
 Signature  
 Stamp