



SEMMELWEIS UNIVERSITY

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NAME:

NEPTUN Code:

	TUTOR'S NAME in capital letters	DAY	TIME start/end		TUTOR'S SIGNATURE
SKILL LAB					
OUTPATIENT CLINIC					
OPERATING ROOM					
ULTRASOUND					
ANGIOGRAPHY					

DURATION OF PRACTICE: from to

I am fully aware that I can only receive the certificate for my internship after handing in this paper at the secretariat.

Budapest,

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Student Signature