

APPLICATION FOR A DEMONSTRATORSHIP / STIPEND
2023/2023. Academic Year

Name of the educational-research department submitting the application:

.....

Applicant's name:

Applicant's Neptun code:

Applicant's year (present):

Applicant's date and place of birth:

Applicant's mother's name:

Applicant's address:

Applicant's phone number:

Applicant's e-mail address:

Name of subject:

.....

Subject title:

.....

Participation in Students' Scientific Association:

.....

Further professional achievements:

.....

.....

Language skills:

.....

Participation in the organisation of faculty, education-research department events:

.....

.....

Participation in research or education:

.....

.....

Further professional activities:

.....

.....

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Demonstratorship:

☐

I was a demonstrator

..... (year).....(department)

..... (year).....(department)

..... (year).....(department)

☐

I have not been a demonstrator

Clinical work:

☐

I was involved in Clinical work:(year).....(department)

☐

I have not been involved in Clinical work

Academic achievement

2020/2021. year (study average):

2019/2010. year (study average):

I. semester

I. semester

II. semester

Courses and marks of the selected subject

..... course/subject mark

..... course/subject mark

..... course/subject mark

Other:

.....

Budapest, 20..... (y) (m) (d)

.....

Signature of Applicant

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2022/2023. Academic Year

OPINION OF THE HEAD OF DEPARTMENT

☐ I support the application

☐ I do not support the application

Duration of demonstratorship:.....

Amount of the stipend:.....

Budapest, 20..... (y) (m) (d)

.....

signature

OPINION OF HÖK (STUDENT UNION OF SEMMELWEIS UNIVERSITY)

☐ we support the application

☐ we do not support the application

Budapest, 20..... (y) (m) (d)

.....

signature

APPLICATION FOR A DEMONSTRATORSHIP / STIPEND

2022/2023. Academic Year

DECISION OF THE DEAN OF THE FACULTY

☐

The Applicant was awarded the Stipend/Demonstratorship

(upon recommendation by the Head of Department)

☐

The Applicant was awarded the Stipend/Demonstratorship with the following
modifications:.....

.....

☐

The application was not successful

Duration of demonstratorship:.....

Amount of the stipend:.....

Budapest, 20..... (y) (m) (d)

.....

signature

CONSENT TO DATA PROCESSING

I, the undersigned (name) (place, date of birth).....(mother's maiden name)..... (applicant's address)

Having read the information note on data management provided to me by Semmelweis University as the data controller, published at <https://semmelweis.hu/aok/a-karrol/dokumentumtar/>, on 5/2022,, 2022, on the processing of **applications for the position of teacher assistant at the Faculty of Medicine of Semmelweis University**, I hereby declare that I have read and understood the provisions of Regulation 2016/679 of the European Parliament and of the Council (GDPR) 4. I hereby give my voluntary, specific and duly informed consent pursuant to Article 6(1)(a) of the GDPR to the processing of my personal data pursuant to Article 6(1)(a) of the GDPR and to the processing of my personal data pursuant to Article 9(2)(a) of the GDPR for the purposes and on the basis of the lawfulness of the processing, as set out in this notice, by the controller.

2022.

.....

signature