Name of the Educational-Research Organizational Unit Issuing the Call for Applications:

……………………………………………………………………………………………………….

Applicant’s Name: ……………………………………………………………………………….....

Applicant’s Neptun Code: …………………………………………………………………………..

Current Year of Study: ……………………………………………………………………………...

Date and Place of Birth: …………………………………………………………………………….

Mother’s Maiden Name: ……………………………………………………………………………

Home Address: ……………………………………………………………………………………...

Phone Number: ……………………………………………………………………………………..

Email Address: ……………………………………………………………………………………..

**Topic** / Course Title**:** ……………………………………………………………………………….

## Participation in Scientific Students’ Association (TDK) Professional and/or Organizational Work:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

## Achievements in Other Professional Competitions:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

## Language Proficiency: ……………………………………………………………………………..

## Involvement in the Organization of Faculty or Educational-Research Unit Events:……………….

………………………………………………………………………………………………………

## Participation in Teaching or Research Activities:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

## Other Professional Activities:

………………………………………………………………………………………………………

## Demonstrator Activity

□ I have served as a demonstrator in:

………. year at…………………..………………………(organizational unit)

………. year at…………………..………………………(organizational unit)

………. year at…………………..………………………(organizational unit)

□ I have not served as a demonstrator

## Clinical Work

□ I have performed clinical work in: ………..year at ……………………..(organizational unit)

□ I have not performed clinical work

## Academic Performance

Academic Year 2024/2025 (Grade Point Average):

1st semester: ……………………

Academic Year 2023/2024 (Grade Point Average):

1st semester: ……………………

2nd semester: ……………………

Subject(s) in the Chosen Field and Achieved Grade(s):

………………………..…………………….. subject ………………. grade

………………………..…………………….. subject ………………. grade

………………………..…………………….. subject ………………. grade

## Other:

………………………………………………………………………………………………………

By signing this document, I accept the provisions of the Data Protection Notice No. 5/2022 (https://semmelweis.hu/aok/files/2022/05/ADATKEZELESI-TAJEKOZTATO.pdf) regarding the processing of personal data in connection with the demonstrator applications submitted to the Faculty of Medicine at Semmelweis University.

Budapest, ……………………………

 ………………………………………

Signature of Applicant

## RECOMMENDATION FROM HEAD OF DEPARTMENT

□ Recommended  □ Not recommended

Duration of Demonstrator Assignment: …………………………………………………………….

Scholarship Type: □ Paid  □ Unpaid

Budapest, ……………………………..

 ………………………………………

Signature

## STUDENT UNION (HÖK) RECOMMENDATION

□ Recommended  □ Not recommended

Budapest, ……………………………..

 ………………………………………

Signature

## DECISION OF THE DEAN OF THE FACULTY

□ The application – based on the recommendation of the Head of Department – is approved.

□ The application is approved with the following modifications:....................................................

………………………………………………………………………………………………………

………………………………………………………………………………………………………

□ The application is not approved.

Duration of Demonstrator Assignment: …………………………………………………………….

Amount of Demonstrator Scholarship: ……………………………………………………………..

Budapest, ……………………………..

 ………………………………………

Signature