

# APPLICATION FOR DEMONSTRATOR SCHOLARSHIP

Academic Year: 2025/2026

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:

.....

# APPLICATION FOR DEMONSTRATOR SCHOLARSHIP

Academic Year: 2025/2026

## 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):

Academic Year 2023/2024 (Grade Point  
Average):

1st semester: .....

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

# APPLICATION FOR DEMONSTRATOR SCHOLARSHIP

Academic Year: 2025/2026

## 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

# APPLICATION FOR DEMONSTRATOR SCHOLARSHIP

Academic Year: 2025/2026

## 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