

APPLICATION FOR DEMONSTRATOR SCHOLARSHIP

Academic Year: 2026/2027

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

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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:

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Achievements in Other Professional Competitions:

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Language Proficiency:

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

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Participation in Teaching or Research Activities:

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Other Professional Activities:

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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 2025/2026 (Grade Point Average):

1st semester:

Academic Year 2024/2025 (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,

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Signature of Applicant

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RECOMMENDATION FROM HEAD OF DEPARTMENT

Recommended Not recommended

Duration of Demonstrator Assignment:

Scholarship Type: Paid Unpaid

Budapest,

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Signature

STUDENT UNION (HÖK) RECOMMENDATION

Recommended Not recommended

Budapest,

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Signature

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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:.....

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The application is not approved.

Duration of Demonstrator Assignment:

Amount of Demonstrator Scholarship:

Budapest,

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Signature