DECLARATION OF SUPERVISION

 conditional acceptance letter\*

I, …………………………..(name of the accredited supervisor of Semmelweis University) hereby support the application of **………………………………...** (name of the PhD Applicant).

Name of the Division of the Doctoral College (underline)

|  |
| --- |
| Dental Research |
| Surgical Medicine |
| Rácz Károly Conservative Medicine  |
| Pharmaceutical sciences and health technologies |
| Mental Health Sciences |
| Szentágothai János Neurosciences |
| Molecular Medicine |
| Patological and Oncological  |
| Heath Sciences  |
| Cardiovascular medicine and research |
| Theoretical and Translational Medicine |

Place of work of the supervisor((Institute/Department)……………………………………………

Name of the field of research (underline)

theoretical medicine/clinical medicine/pharmaceutical sciences/biological sciences/sociology/health sciences

**I declare that I accept the PhD applicant’s research plan titled**: …………………………………………....................................................................................................

**This acceptance letter will be eligible only to apply.**

 I am aware of that enrolment is possible after the successful completion of the admission process of the Doctoral College/School, Semmelweis University and **after that the decision of the sending country of the applicant**.

…. 2025, Budapest

Signature of the supervisor………………………………………………………….

**The supervisor cooperates with the Translational Medicine Program: yes/no**.

\*I would like to draw your attention that every PhD applicant has to upload this acceptance letter in pdf file and signed **till 15th March**, every application period of the year.