**Declaration by the clinic/department head**

I certify the authenticity of the data on the previous and undertaken educational activities. The host clinic/institution agrees to supplement the grant by an amount of .................. HUF/month.

Teaching activity completed in the previous 2 semesters and undertaken in the following semester, summarised in the number of contact hours per semester:

Institute name:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Previous teaching commitment/undertaking\* | Fact | Teaching commitment/undertaking |
|  | 2024/25/1 | 2023/24/2 | 2024/25/1 | 2024/2025/2 |
| independent leadership of practical sessions  |  |  |  |  |
| co-leadership of practical sessions;demonstrator ship |  |  |  |  |

\* If you received the Semmelweis 250+ Excellence Scholarship in the 1/2025/2024 semester, the number of hours you undertook at that time in the application submitted must be entered here; otherwise, leave this column empty!

Budapest,

……………………………………………….

 Signature of the Clinic/Head of Department