**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 |
|  | 2024/2025/2 | 2024/2025/1 | 2024/2025/2 | 2025/2026/1 |
| independent leadership of practical sessions  |  |  |  |  |
| co-leadership of practical sessions;demonstrator ship |  |  |  |  |

\* If you received the Semmelweis 250+ Excellence Scholarship in the 2/2025/2024 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

**Declaration by the applicant's supervisor**

I hereby declare that the objectives and expectations of the applicant's research are realistic, that the applicant will meet the conditions for the award of the degree by the deadline set by law (three years after the complex examination), and that the applicant will submit his/her doctoral thesis.

I acknowledge that if the scholarship holder fails to submit his/her thesis by the deadline set by law, he/she may be liable for repayment of his/her scholarship.

Budapest,

………………………………………………

 Supervisor’s Signature