



SEMMELWEIS UNIVERSITY

Faculty of Medicine Department of Psychiatry and Psychotherapy

Professor and Chair

DR. RÉTHELYI JÁNOS, PH.D

EVALUATION FORM

6-week Elective Clinical Internship

Name: _____ Group: _____ 6th-year student

From _____ day of _____ 2026 to _____ day of _____ 2026, the above-named student completed their clinical practice at our department.

1. Duty date:

2. Duty date:

Signature of the doctor on duty: _____

Signature of the doctor on duty: _____

Evaluation of the internship:

(unsatisfactory – satisfactory – excellent)

Stamp (P.H.) Clinical Supervisor

Result of the practical examination:

Examiner's signature

Budapest, _____

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