

SEMMELEWEIS UNIVERSITY
Department of Psychiatry and Psychotherapy
Director: Prof. Dr. János Réthelyi

EVALUATION FORM

6-Week Elective Clinical Rotation

Name: _____

Group: _____

6th Year Medical Student

From _____ 2026 to _____ 2026
the above-named student completed a clinical rotation in our department.

and

From _____ 2026 to _____ 2026
the above-named student completed a clinical rotation in our department.

Duty date: _____

Duty date: _____

Signature of the doctor on duty: _____

Signature of the doctor on duty: _____

Evaluation of the Clinical Rotation

(did not meet the requirements – satisfactory – excellent)

Departmental Supervisor

Official stamp

Departmental Supervisor

Official stamp