

**CERTIFICATE OF COMPLETION**

**Dento-alveolar summer practice**

Undersigned .....

certify that the 3rd year dentistry student of the Faculty of Dentistry of Semmelweis University,

named .....has completed the

1 week (30 hours) Dento-alveolar summer practice according to the outlined requirements.

Location of practice:.....

Duration of practice: from:.....

until: .....

Date: .....

.....

\* Signature and seal

\* A minimum of 90% attendance is required for granting the signature for the one-week practice, and the student's theoretical preparation and practical work and patient relations must be at least acceptable.