

CERTIFICATE OF COMPLETION

Dento-alveolar summer practice

Undersigned

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

namedhas completed the

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

Location of practice:.....

Duration of practice: from:.....

until:

Practical evaluation*:.....

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.

*The practice must be evaluated on a 3-grade scale according to the following:
excellent, satisfactory, failed

The rating should be based on the student's theoretical knowledge and practical work, as well as his or her relationship with patients.