

CERTIFICATE OF COMPLETION

General dentistry summer practice

Undersigned
certify that the 4th year dentistry student of the Faculty of Dentistry of Semmelweis University,
named
has completed the 4 week (120 hours) General dentistry summer practice according to the outlined
requirements.

Location of practice:.....

Duration of practice: from:.....

until:

Result of practice (grade)*:.....

Date:

.....

Signature and seal

A minimum of 90% attendance is required to grant the signature for the four-week practice.

*The practice shall be graded with a five-point rating as follows:

5 (excellent), 4 (good), 3 (average), 2 (fair), 1 (unsatisfactory)

The grade shall be based on the student's theoretical preparation and practical work and his/her interaction with patients.