

SEMMELEWEIS UNIVERSITY

Faculty of Dentistry

Study and Examination Committee

Chairman: Dr. Károly Bartha associate professor

H-1085 Budapest, VIII. Üllői street 26.

Tel: 266-0453 Fax: 266-1967

REQUEST REGARDING OBLIGATORY SUMMER PRACTICE

(for students in the English or German study programmes)

Student data:		
Last name:	First name:	
Place and date of birth:	NEPTUN code:	
Telephone:	E-mail:	
Temporary address:		
Form of financing:	Faculty: SE FOK	Year of study:

Address: To the Study and Examination Committee,

Request: _____

Attachments:	
Letter of acceptance	<input type="checkbox"/>
Statement	
I, the undersigned, declare that the information provided is correct and that I have attached all the necessary documents (letter of acceptance) to my application. I understand that applications will be assessed on an individual basis and that the final decision will be taken by the Study and Examination Committee in accordance with the Faculty of Dentistry's Regulation of the system of summer internships.	
Signature:	Date:

OPINION OF HEAD OF DEPARTMENT/TUTOR OF THE FACULTY OF DENTISTRY (Only in case of Dental Laboratory summer practice of students enrolled in the English or German language programmes)		
Signature:	Stamp/Seal	Date:

DIRECTORATE OF INTERNATIONAL STUDIES		
Registrar:	Date of submission:	Reg. no:
PROPOSAL OF THE STUDY AND EXAMINATION COMMITTEE		
ACCEPTED	REJECTED	
Signature:	Date:	