SEMMELWEIS UNIVERSITY
FACULTY OF DENTISTRY Study and Examination Committee

Chairman
DR. BENCE TAMÁS SZABÓ associate professor

REQUEST REGARDING OBLIGATORY SUMMER PRACTICE
(for students in the English or German study programmes)

STUDENT DATA	
Last Name:	First Name:
NEPTUN ID:	E-mail:
Address:	
Form of financing: self-financed/scholarship**	Faculty: Dentistry Year:

(** please underline)

Addressed to: To the Study and Examination Committee

Request and reasoning: _____

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Attachments: Letter of acceptance ☐
Declaration
I, the undersigned, declare that the information I have 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 – Regulation of the system of summer internships. **I understand that if I am approved, I will be required to submit a certificate of completion of the internship according to the internship course description.**

Signature:	**Date:**

SEMMELWEIS EGYETEM 1769

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Mailing address: 1085 Budapest, Üllői út 26.; 1428 Budapest, Pf. 2.
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Tel.: (+36-1) 266-0453, (+36-1) 459-1500/55269
semmelweis.hu/fok

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:	**PH**	**Date:**

REGISTRAR'S OFFICE		
Ügyintéző:	**Beérkezés:**	**Véleményezésre kiküldve:**

STUDY AND EXAMINATION COMMITTEE	
APPROVED	**REJECTED**
Signature:	**Date:**

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