

ACCEPTANCE LETTER
for 2nd year Pharmacy Students
of Semmelweis University
(Pharmacy Practice I.)

This is to certify, that _____
_____ (student's name)

(Date and Place of birth: _____)

2nd year student of the Faculty of Pharmaceutical Sciences at the
Semmelweis University, is allowed to do the 20 hours pharmacy practice at
the _____ Pharmacy.

The pharmacy practice in 2nd year lasts 20 hours.

Address of Pharmacy: _____

Pharmacist in charge: _____

Date: _____

Signature and stamp
of the Pharmacy

CERTIFICATE
of 20 hours practical training
(Pharmacy Practice I.)

Student's name: _____

Date and place of birth: _____

The above named student of SEMMELWEIS University, Budapest, Faculty of Pharmaceutical Sciences, has duly performed the compulsory 20 hours practical training at the undermentioned community/hospital/institute pharmacy under my supervision.

Duration of training: from _____ to _____ (mm.dd,yyyy).

Evaluation:

- excellent
- satisfactory
- unsatisfactory

Date and place

Name of Pharmacy

Stamp

Signature of Pharmacist in charge

The certificate can be accepted only in case the Pharmaceutical Terminology (practice) and Physical Chemistry for Pharmacists (theory+practice) subjects are completed.