

ACCEPTANCE LETTER
for 2nd year Pharmacy Students
of Semmelweis University
(Summer 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 summer practice at the

_____ Pharmacy.

The summer practice in 2nd year lasts 4 weeks, 40 hours/week,
min. 6, max. 8 hours/day.

Address of Pharmacy: _____

Pharmacist in charge: _____

Date: _____

Signature and stamp
of the Pharmacy

CERTIFICATE
of 4-week (40 hours/week) practical training
in a community/hospital/institute pharmacy or laboratory
(Summer 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 4-week 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 if Colloid Chemistry (theory+practice) and Physiology (theory) I. are completed.