

**Acceptance letter for 5th year Students at the Faculty of
Pharmaceutical Sciences of Semmelweis University**

**This is to certify, that _____ (student's name)
(Date and Place of birth: _____) 5th year student of
the Faculty of Pharmaceutical Sciences at the Semmelweis University,
is allowed to do the summer practice at the _____
Pharmacy.**

Address of pharmacy: _____

Pharmacist in charge: _____

Date: _____

**Signature and stamp
of the pharmacy**

2 Months Compulsory Practical Training (9. semester)

Public/Community pharmacy's name:

Public/Community pharmacy's address:

To: **Semmelweis University Directorate of International Studies**

H-1094 Budapest, Tűzoltó utca 37-47.

Hungary

This is to certify that _____ (Date and place of birth:
_____) student of Faculty of Pharmaceutical Sciences of Semmelweis University, has
attended to our public/community pharmacy from **July 21, 2025 to September 19, 2025.**

This training is part of the 6 months Compulsory Practical Training.

stamp

Sincerely,

Date: _____

Signature: _____

Printed Name: _____

Attendance sheet

Name of the pharmacy: _____

Duration of practice: _____

Student's name : _____

Month	Day	From (hh:mm)	Until (hh:mm)	Signature	Additional notice
July	21.				
July	22.				
July	23.				
July	24.				
July	25.				
July	26.				
July	27.				
July	28.				
July	29.				
July	30.				
July	31.				
August	1.				
August	2.				
August	3.				
August	4.				
August	5.				
August	6.				
August	7.				
August	8.				
August	9.				
August	10.				
August	11.				
August	12.				
August	13.				
August	14.				
August	15.				
August	16.				
August	17.				

August	18.				
August	19.				
August	20.				
August	21.				
August	22.				
August	23.				
August	24.				
August	25.				
August	26.				
August	27.				
August	28.				
August	29.				
August	30.				
September	31.				
September	1.				
September	2.				
September	3.				
September	4.				
September	5.				
September	6.				
September	7.				
September	8.				
September	9.				
September	10.				
September	11.				
September	12.				
September	13.				
September	14.				
September	15.				
September	16.				
September	17.				
September	18.				
September	19.				

Place and date: _____, _____.____._____

stamp

student

pharmacist in charge

QUALIFICATION SHEET
about the practice before the board exam
(2 months)

Student: _____

Duration and place of practice: _____

Instructor: _____

Absences (with/without leave): _____

Classes made up from the absences: _____

Characterization of the student (based on the practice):

a.) general human, ethical behaviour: _____

b.) relationship with the work, with the patients, with the order at the workplace,

orderliness: _____

c.) professional and other perceptions regarding the student's practical work:

Pharmacological knowledge: _____

Clinical knowledge: _____

Knowledge regarding transportation:

Knowledge regarding pharmacy administration:

Knowledge regarding pharmaceutical technology:

Suggestions of the instructor:

d.) General qualification of the student's work:
(excellent, average, failed)

stamp

Student

Instructor

The Qualification sheet and the Attendance sheet must be submitted in 2 working days after the practice at the Directorate of International Studies (1094 Budapest, Tűzoltó utca 37-47.).

The student is not allowed to attend the board exams without the qualification sheet.

The amount of absences cannot exceed 6 weeks. All absences have to be made up.