

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 Compulsory Practice II. at the _____
Pharmacy.

Address of pharmacy:

Pharmacist in charge:

Date: _____

Signature and stamp of the pharmacy

4 Months Compulsory Practical Training (10. semester)

Pharmacy's name:

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 our community pharmacy from **28 January, 2026 to 28 May, 2026.**

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

STAMP

Sincerely,

Date: _____

Signature: _____

Printed Name: