

**Acceptance letter for 5<sup>th</sup> 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:

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Pharmacist in charge:

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Date: \_\_\_\_\_

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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 **31 January, 2024 to 31  
May, 2024.**

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

STAMP

**Sincerely,**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: