

**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

3+1 Months Compulsory Practical Training (10. semester)

Community pharmacy's name:

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 our community pharmacy from **26 January, 2023 to 31 March, 2023 and from 1 to 26 May, 2023.**

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

STAMP

Sincerely,

Date: _____

Signature: _____

Printed Name: