## **Attendance sheet**

Name of the pharmacy	:	-
Duration of practice: _		
Student's name:		

Month	Day	From (hh:mm)	Until (hh:mm)	Signature	Additional notice
July	17.		, ,		
July	18.				
July	19.				
July	20.				
July	21.				
July	22.				
July	23.				
July	24.				
July	25.				
July	26.				
July	27.				
July	28.				
July	29.				
July	30.		1		
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.		
August	31.		
September	1.		

Place and date:,,	_
st	amp
Student	Instructor

## **QUALIFICATION SHEET**

## about the Pharmacy Practice II. (20 hours, page 1)

Student:	
Duration and place of practice: _	
Instructor:	
Absences (with/without leave):	
Classes made up from the absence	es:
-	
Characterization of the student (b	ased on the practice):
a.) general human, ethical bel	
b.) relationship with the work	x, with the patients, with the order at the
workplace, orderliness	
c.) professional and other per	ceptions regarding the student's practical work:
Pharmacological knowled	σe•

Clinical knowledge:		
Knowledge regarding transportation	on:	
Knowledge regarding pharmacy ac	lministration:	
Knowledge regarding pharmaceuti	cal technology.	
Suggestions of the instructor:		
d.) General qualification of the studen	t's work:(excel	lent, average, failed)
	stamp	
Student		Instructor

The Qualification sheet and the Attendance sheet must be submitted in 5 working days after the practice at the Directorate of International Studies (1094 Budapest, Tűzoltó utca 37-47.).