

**SEMMELWEIS UNIVERSITY - FACULTY OF DENTISTRY**  
**TEACHING ASSISTANT SCHOLARSHIP APPLICATION**  
**20\_\_/20\_\_. academic year**

Reg. number: .....

**Student's application**

(Please fill the form in a LEGIBLE hand, with PRINTED UPPERCASE letters!)

**Data of organisational unit announcing the application:**

Name of University/Faculty: .....

Name of Institute/Department: .....

Address of Institute/Department: .....

**Applicant's data:**

Applicant's name: .....

Applicant's Neptun ID: .....

Applicant's year of study (current): .....

Applicant's date and place of birth: .....

Applicant's mother's name: .....

Applicant's address: .....

Applicant's phone number: .....

Applicant's e-mail address: .....

**Aspects:**

Name of subject/topic: .....

Participation in professional and/or organizational activities of the Student Scientific Circle:

.....

Achievements in other professional competitions: .....

Language proficiency: .....

Participation in organizing events for faculty and educational-research organizational units:

.....

Other participation in teaching or research activities: .....

Other professional activities: .....

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**Subject(s) and obtained grade(s) of the specialization:**

.....subject ..... grade

.....subject ..... grade

.....subject ..... grade

**Data relating to previous Teaching assistant activities**

Academic year: ..... Name of institute/department: .....

Academic year: ..... Name of institute/department: .....

Academic year: ..... Name of institute/department: .....

☐ I did not perform teaching assistant work.

**Data related to academic performance:**

Weighted semester average: 20\_\_/20\_\_ . academic year **(previous):**

semester I. ....

semester II. ....

Weighted semester average: 20\_\_/20\_\_ . academic year **(current):**

semester I. ....

semester II. ....

**Clinical work:**

☐ I performed in: ..... (year) at ..... (organisational unit)  
..... (year) at ..... (organisational unit)  
..... (year) at ..... (organisational unit)

☐ I did not perform clinical work.

Budapest, .... (day) ..... (month) 20 .. (year)

.....  
**Applicant's signature**

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**Recommendation of head of department/institute**

☐ I recommend                      ☐ I do not recommend                      that the applicant student  
be assigned as a teaching assistant.\*

I recommend the assignment for the following duration:\*

☐ 5 months                      ☐ 10 months

I recommend the applicant for a(n)\*

☐ paid                      ☐ unpaid                      assignment.

Budapest, ..... (day) ..... (month) 20 .... (year)

Stamp

.....

**Signature**

**Dean's decision**

☐ I support                      ☐ I do not support                      that the applicant student  
be assigned as a teaching assistant, based on the head of department's recommendation.\*

Duration of teaching assistant assignment: \* .....

Amount of teaching assistant stipend: \* .....

Budapest, ..... (day) ..... (month) 20 .... (year)

Stamp

.....

**Signature**

\*All fields are required!