

# LETTER OF ACCEPTANCE

## FOR OBLIGATORY INTERNSHIP IN TRAUMATOLOGY AS PART OF THE STUDENTS'S SIXTH YEAR'S CURRICULUM

*Student's Name:* .....*Neptun code*.....

*Date and place of birth:*.....

The above student of SEMMELWEIS University, Budapest is authorized to perform his/her clinical rotation in our department according to the required rotation program.

*Duration of practice:*        **from** ..... **until** .....

.....  
*Date and Place*

.....  
*Name of Traumatology Hospital/Clinic*

.....  
*Signature of Professor in charge/  
Head of Department*

.....  
*Stamp of Traumatology Hospital/Clinic*

.....  
*Name in capital letters*