



UNIVERSITY OF DEBRECEN
FACULTY OF MEDICINE
DEAN'S OFFICE
REGISTRAR'S OFFICE



F 1108/2.C.

LETTER OF ACCEPTANCE FOR CLINICAL PRACTICE

ACCORDING TO THE CURRICULUM OF THE UNIVERSITY OF DEBRECEN, FACULTY OF MEDICINE, IT IS A REQUIREMENT FOR GRADUATION TO COMPLETE 35 WEEKS ROTATIONAL PRACTICE IN THE FOLLOWING DISCIPLINES: INTERNAL MEDICINE, PEDIATRICS, SURGERY, NEUROLOGY, PSYCHIATRY, OBSTETRICS AND GYNECOLOGY.

STUDENTS ARE ALLOWED TO DO PART OF THEIR SIXTH YEAR CLINICAL PRACTICE OUTSIDE OF HUNGARY, WHICH MUST BE APPROVED PREVIOUSLY BY OUR UNIVERSITY.

THE PRESENT VERIFICATION FORM MUST BE SIGNED BY THE HEAD OF THE DEPARTMENT OF THE HOSPITAL, WHERE THE STUDENT IS GOING TO DO HIS/HER CLINICAL PRACTICE AND THE FORM MUST BE SENT/FAXED BACK TO THE UNIVERSITY OF DEBRECEN, ON THE ABOVE ADDRESS BEFORE STARTING THE PRACTICE.

The costs of practices outside of UD must be covered by the student(s).

Pál Pap M.Sc., Ph.D.
Registrar
on behalf of the
Faculty of Medicine

Applicant must complete this section:

I, _____, apply to do my _____
_____ practice in the hospital named below.

Signature of student

Certification of the accepting teaching hospital:

This is to certify that the above named student is accepted to our institute to complete his /her clinical practice and will have the possibility to fulfill the requirements of the practice, described in the attached practicum booklet.

Affix Institutional
Seal Here.

Name: _____

Signature: _____

Title: _____

Name of University Hospital: _____

Department: _____

City: _____ Country: _____

Starting on: _____ till _____

Number of weeks: _____

Date of Signature: _____

Phone/fax: _____