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

F 1108/1.C.

LETTER OF ACCEPTANCE FOR SUMMER PRACTICE

ACCORDING TO THE CURRICULUM OF THE UNIVERSITY OF DEBRECEN, FACULTY OF MEDICINE, IT IS A REQUIREMENT FOR GRADUATION TO COMPLETETHE FOLLOWING SUMMER PRACTICES:

- AFTER 3RD YEAR: 3-WEEK SUMMER PRACTICE (INTERNAL MEDICINE – MEDICAL PROPEDEUTICS)

- AFTER 4TH YEAR: 3-WEEK CLINICAL PRACTICE (FREELY CHOSEN CLINICAL FIELDS)

STUDENTS ARE ALLOWED TO COMPLETE THOSE SUMMER PRACTICES OUTSIDE OF HUNGARY, AT UNIVERSTIY TEACHING HOSPITALS.

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.

Name: ____

Signature: ____

Title: ____

Affix Institutional Seal Here.

Name of University Hospital: __________________________

____

Department: ____

____

City: _________________ Country: _____________________

Starting on: ___________________ till __________________

Number of weeks: ______________________________

Date of Signature: ______________________________

Phone/fax: ____