F 1069/2.C

Letter of acceptance for mid-year block practice

According to the curriculum of the University of Debrecen, Faculty of Medicine, it is a requirement to complete mid-year clinical practices in the 1st and 2nd semester of the 4th and 5th year of the following subjects:

> 4th year 1st semester – 2 weeks Internal Medicine (Cardiology, Angiology)
> 4th year 2nd semester – 2 weeks Internal Medicine (Endocrinology, Nephrology)
> 4th year 1st or 2nd semester – 1 week Obstetrics and Gynecology
> 4th year 1st or 2nd semester – 2 weeks Surgery
> 5th year 1st semester – 2 weeks Internal Medicine (Gastroenterology)
> 5th year 2nd semester – 2 weeks Internal Medicine (Haematology)
> 5th year 1st or 2nd semester – 1 week Neurology
> 5th year 1st or 2nd semester – 2 weeks Pediatrics

Students are allowed to complete their mid-year block practices outside of the University/Hungary, which must be approved previously by our University.

The present verification form must be signed by the authorized representative and it must be returned to the student before starting the practice.

The cost of the practice outside the University of Debrecen must be covered by the student.

Student's name: _____

Practice place where the student is actually going to do his/her clinical practice

Name of the hospital: _____

(Name of the university the hospital affiliated to: _____)

Department: _____

City: _____ Country: _____

Date of start: _____ Number of weeks: _____

Declaration of the accepting institute

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 practicum booklet. The student will attend the intervention and actively contribute.

Name of authorized signatory:		
Title:		
Date of signature:		
Signature:		INS. STAMP
Contact person: (if different from authorized signatory)		
E-mail:		
Phone number:		