



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:

- Emergency Medicine (4 weeks)
- Internal Medicine (9 weeks)
- Neurology (4 weeks)
- Obstetrics and Gynecology (4 weeks)
- Pediatrics (6 weeks)
- Psychiatry (3 weeks)
- Surgery (5 weeks)

Students are allowed to complete their 6th year clinical 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.

Table with 2 columns: Information fields (Name of authorized signatory, Title, Date of signature, Signature, Contact person, E-mail, Phone number) and a large box labeled 'INS. STAMP'.