



Letter of Acceptance for

Summer chairside/Dentoalveolar/Complex summer practice

(only required if the practice will be completed at a place other than the Faculty of Dentistry, UD)

I ..... (name of authorized signatory)  
certify that the ..... (name of institute)  
..... (full address of institute)  
is duly licenced and treats on average ..... patients/week. We will accept  
..... (name of student)  
first/second/third/fourth year\* dentistry student from ..... (date)  
to ..... (date) to carry out his/her  
summer chairside/Dentoalveolar/Complex\* summer practice in our institute.  
The student will attend and actively contribute to the intervention and will have  
the possibility to fulfill all the requirements of the practice, described on the  
certificate of completion form.

The present certification form must be signed by the authorized representative and  
must be returned to the student before he/she starts the practice.

The cost of the practice completed at a place other than the University of Debrecen  
must be covered by the student.

Place and date of signature: .....

.....

official signature

seal

\* Underline the appropriate.