

**APPLICATION FORM FOR ORAL SURGERY SUMMER PRACTICE  
2019**

**Oral Surgery practice (4 weeks)  
on the Faculty 08 July-02 August  
or outside the Faculty in July and August**

Name, group number:

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Address:

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Chosen time:

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Place of summer practice (name, address, phone number):

6720, Szeged, Tisza Lajos körút 64.

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Name of supervisor:

dr. Csaba Berkovits

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**In case the summer practice is done outside the Faculty the submission of the Letter of Acceptance is mandatory.**

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signature

**Deadline for submission: 05 April, 2019**

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Faculty of Dentistry

**ORAL SURGERY PRACTICE EVALUATION SHEET**

4 weeks

**This is to certify that Mr./Ms.** .....  
(born on (DD/MM/YYYY) ..... in (city/country) ...../.....)  
**completed every one of the following tasks as a part of an oral surgery practical training at our institution:**

<b>Compulsory tasks to be completed</b>	<b>Stamp and signature of the supervisor</b>
1. Practice in local anaesthesia in dentistry and tooth extraction; related problems	
2. 10 simple extractions	
3. Assistance to dento-alveolar surgery	

**The completion of each task must be verified individually with the stamp and the signature of the student's supervisor at the institution.**

Period of practice: From (DD/MM/YYYY) ..... to (DD/MM/YYYY) .....

Name of the clinic/hospital in capital letters: .....

Address of the hospital/clinic in capital letters: Country: ..... City:.....

Department: .....

Accreditations of the hospital/clinic: .....

Name of the supervisor in capital letters: .....

Phone number: .....

E-mail address: .....@.....

Evaluation of the student: .....

**Date:** ..... **Signature and stamp** .....



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## LETTER OF ACCEPTANCE

### 4-week practice in oral surgery

Submission deadline: 05 April, 2019.

Name of the student:	
Period of practice (DD/MM/YYYY):	From: _____ To: _____
Name of the hospital/clinic:	
Department:	
Address of the hospital/clinic:	
Accreditation number of the hospital/clinic:	
Contact person:	
Phone number:	
E-mail address:	

I declare that the above-named student of the University of Szeged is accepted to perform his/her compulsory **oral surgery summer practice** at our institution for a period of **4 weeks**, furthermore, that the means of completing the tasks listed on page 2 of this form are provided and that he/she is entitled to complete them.

Date:	
Signature:	

Institution seal/stamp



### Oral surgery summer practice

4 weeks

#### Compulsory tasks to be completed during the practice spent at a foreign institution

- Practice in local anaesthesia in dentistry and tooth extraction; related problems
- 10 simple extractions
- Assistance to dento-alveolar surgery

