

University of Szeged Albert Szent-Györgyi Medical School Dean's Office, Students' Office

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COURSE EVALUATION SHEET for professional practice

Student's name:	
Student Identification code (NEPTUN kód):	
Year:	
Name of practice:	
Period of practice:	
Name and address of the hospital/clinic:	
Department:	ORGYI 1/2
Written assessment of the student's performance:	
Institutional Seal	Signature

Comments: Once the practice has been completed, this form must be filled in and returned directly to the Hungarian Students' Secretariat.