



H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62) 545-299, Fax: (00 36 62) 545-282 E-mail: stoma@stoma.szote.u-szeged.hu

LETTER OF ACCEPTANCE

4-week practice in oral surgery

Submission deadline: May 8, 2017

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



University of Szeged

Where

Knowledge and challenge

meet

FACULTY OF DENTISTRY SZEGED, HUNGARY

Dean: Associate Professor Kinga TURZÓ Ph.D.



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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

University of Szeged, Faculty of Dentistry — Foreign Students' Secretariat
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UNIVERSITY OF SZEGED

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