



ACCEPTANCE LETTER

IMPORTANT: In case you wish to fulfill any of the 6th year practices abroad, you need to fill in this form - a separate sheet for each practice - and get the signatures and permission BEFORE the practice starts, by both the host institution and the hospital in Pécs. Please send the completed form to the Registrar's Office.

SECTION A Personal details	
First/given name:	Family name:
Email address:	Phone number:
Mailing address:	EHA code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .PTE

SECTION B Practice details (to be completed by the host institution)			
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology
<input type="checkbox"/> Obstetrics and Gyna.	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Surgery
Name of Hospital /Clinic:			
Address:			
Supervisor's name:			
Position:		Email:	
Period of practice (from/until):		Hours to be completed:	
Supervisor's signature:		Date / Stamp:	

SECTION C Approval of the Hungarian department	
Hospital/Clinic:	Head of Department:
Remarks:	
<input type="checkbox"/> Practice accepted	<input type="checkbox"/> Practice not accepted
Signature:	Signature:
Date / Stamp:	Date / Stamp:

To be sent/handed in to the Registrar's Office after A-B-C sections are COMPLETED TOTALLY.

Address: Szigeti út 12., 7624 Pécs, HUNGARY

Date received: //

Registration number: AOK/ /2010