



## Attendance sheet

Demonstrator's name:

Neptun ID:

|     | Date | Course | Group | Signature of tutor |
|-----|------|--------|-------|--------------------|
| 1.  |      |        |       |                    |
| 2.  |      |        |       |                    |
| 3.  |      |        |       |                    |
| 4.  |      |        |       |                    |
| 5.  |      |        |       |                    |
| 6.  |      |        |       |                    |
| 7.  |      |        |       |                    |
| 8.  |      |        |       |                    |
| 9.  |      |        |       |                    |
| 10. |      |        |       |                    |
| 11. |      |        |       |                    |
| 12. |      |        |       |                    |

Other educational management and/or development activities, if required:

| Duration | Description of activity | Signature of tutor |
|----------|-------------------------|--------------------|
|          |                         |                    |
|          |                         |                    |
|          |                         |                    |
|          |                         |                    |
|          |                         |                    |

Seal of the department/clinic

**UP MS Circle of Demonstrators**

**President:** TAMÁS, Andrea, M.D., Ph.D., Dr. Habil.

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UNIVERSITY OF PÉCS  
MEDICAL SCHOOL



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