



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:

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Department:

Written assessment of the student's performance:

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Institutional Seal

Signature

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