



## SEMMELWEIS UNIVERSITY

Directorate of International Relations  
International Mobility Office

### Certificate of Attendance

Erasmus+ Programme Student Mobility for **Studies**/Traineeship<sup>1</sup> – 2023/2024

|                                                  |                                                                                                 |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Name of the exchange student                     | György Attila Tamás                                                                             |
| Field of study                                   | <b>Medicine</b> /Dentistry/Pharmacy                                                             |
| Home University                                  | UNIVERSITATEA DE MEDICINA, FARMACIE, STIINTE SI TEHNOLOGIE "GEORGE EMIL PALADE" DIN TARGU MURES |
| Erasmus code of the Home University              | RO TARGU02                                                                                      |
| Host Organization                                | Semmelweis University                                                                           |
| Erasmus code of Host Organization (if they have) | HU BUDAPES08                                                                                    |

### Confirmation of Arrival

We confirm that the above mentioned student has arrived at our Organization and has started **his/her studies/practice**<sup>1</sup>

|                                                                                           |                                                                                     |                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| on (dd/mm/yyyy)                                                                           | August 30, 2023                                                                     |                                                                                       |
| Responsible person/Erasmus coordinator/mentor/ <b>supervisor at the Host Organization</b> | Name: dr. Schreiberne Seres Nóra                                                    |                                                                                       |
|                                                                                           | Position: institutional Erasmus+coordinator                                         |                                                                                       |
|                                                                                           | Email address: erasmus@semmelweis.hu                                                |                                                                                       |
| Date                                                                                      | 30/08/2023                                                                          | Stamp:                                                                                |
| Signature                                                                                 |  |  |

### Confirmation of Departure

We confirm that the above mentioned student has arrived at our Organization and has finished **his/her studies/practice**<sup>1</sup>

|                                                                                           |                                                                                                   |                                                                                       |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| on (dd/mm/yyyy)                                                                           | July 1, 2024                                                                                      |                                                                                       |
| the Certification about studies/trainees (Learning Agreement after the mobility)          | <input checked="" type="checkbox"/> is given to the student                                       |                                                                                       |
|                                                                                           | <input type="checkbox"/> will be sent directly to the International Office of the Home University |                                                                                       |
| Responsible person/Erasmus coordinator/mentor/ <b>supervisor at the Host Organization</b> | Name: dr. Schreiberne Seres Nóra                                                                  |                                                                                       |
|                                                                                           | Position: institutional Erasmus+coordinator                                                       |                                                                                       |
|                                                                                           | Email address: erasmus@semmelweis.hu                                                              |                                                                                       |
| Date                                                                                      | 24/06/2024                                                                                        | Stamp:                                                                                |
| Signature                                                                                 |                |  |

<sup>1</sup> Please underline the correct one.

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