

FACULTY OF PUBLIC HEALTH Educational Office

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Certificate

I hereby certify the	hat			(1	name of stu	ident)), a
2nd-year sudent	of the			······	programme	of	the
Faculty of Public Health, University of Debrecen, has successfully completed his/her							
compulsory	field	practice	(hours)		in
					(nar	ne	of
institution/departm	nent). The	practice stra	ted on		and en	nded	on
(date).							
Date:							
signature							