

Work Experience Certificate*

University of Szeged, admission procedure 2026

Name:	Mother's name:
Date and place of birth:	E-mail address:
Admission ID:	Place of application: Faculty:* Faculty of Law and Political Sciences, Faculty of Health Sciences and Social Studies, Faculty of Pharmacy, Faculty of Agriculture, Faculty of Engineering, Albert Szent-Györgyi Medical School, Juhász Gyula Faculty of Education Training program:
Name of employer:	
Employer's field of activity: * Legal, administrative, health, social, pharmaceutical, agricultural, technical, IT, fine arts, industrial, education, ecclesiastical, sports, other:	
Position held: (brief description of the activity):	
Duration of work - start and end dates (year, month, day):	
Other information to be communicated:	
Date:	
I hereby certify that the information provided is true and correct. (employer) Signature with company stamp	I hereby certify that the information provided is true and correct. (applicant)

* If you have more than one employer, please attach more than one certificate.

* Please underline the correct one!