



NAME: _____

Course Curriculum

Certificate of Advanced Studies in Veterinary Medicine

CLINICAL NUTRITION

Required are a total of 25 ECTS credits minimum of course work

Please tick all courses accounting to 25 ECTS minimum – including courses already attended

15 ECTS MINIMUM are required in the **MAJOR SUBJECT!**

Mandatory Major Subject	ECTS credits	Please tick
Clinical Nutrition I Clinical Nutrition II Clinical Nutrition III	15	<input type="checkbox"/>
Elective Major Subject	ECTS credits	Please tick
Clinical Nutrition IV	5	<input type="checkbox"/>

Any remaining **ECTS credits** may be collected from the following **MINOR SUBJECTS:**

Minor Subject	ECTS credits	Please tick
Anaesthesia, Pain Management, Emergency & Critical Care	5	<input type="checkbox"/>
Dentistry I	5	<input type="checkbox"/>
Dermatology I	5	<input type="checkbox"/>
Dermatology II	5	<input type="checkbox"/>
Emergency & Critical Care I	5	<input type="checkbox"/>
Emergency & Critical Care II	5	<input type="checkbox"/>
Feline Internal Medicine I	5	<input type="checkbox"/>
Feline Internal Medicine II	5	<input type="checkbox"/>
Internal Medicine I	10	<input type="checkbox"/>
Internal Medicine II	10	<input type="checkbox"/>
Internal Medicine III	10	<input type="checkbox"/>
IM 1: Gastroenterology, Hepatology & Pancreas	5	<input type="checkbox"/>
IM 2: Nephrology & Endocrinology	5	<input type="checkbox"/>
Orthopaedic Surgery I	5	<input type="checkbox"/>
Small Mammals Medicine & Diagnostic Imaging	5	<input type="checkbox"/>
*	5	<input type="checkbox"/>

*An additional **ESAVS** course - outside the list of minors - might be chosen subject to approval by the program director!

External course work

An equivalent of 5 ECTS credits from course work taken outside of ESAVS courses may be recognized if certain requirements are met. For further details, please contact the ESAVS Office.



ESAVS
European School for
Advanced Veterinary Studies



NAME: _____

Indicate relevant ESAVS Courses attended in the past 5 years before enrolment into the Certificate Program (please attach a copy of the certificates of attendance):

1. Course / Year: _____
2. Course / Year: _____
3. Course / Year: _____
4. Course / Year: _____
5. Course / Year: _____
6. Course / Year: _____