

NAME: _____

Course Curriculum

Certificate of Advanced Studies in Veterinary Medicine

Laboratory Diagnostics

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

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

A minimum of **20 ECTS credits** have to be collected in the **Major Subject**:

Major Subjects	ECTS credits	Please tick
Cytology I Cytology II (mandatory) Haematology	15	<input type="checkbox"/>
Lab Diagnostics: Endocrinology	5	<input type="checkbox"/>
Lab Diagnostics: Biochemistry & Infectious Diseases	5	<input type="checkbox"/>

Any remaining **ECTS credits** may be collected from the following **Minor Subjects**:

Minor Subjects	ECTS credits	Please tick
Dermatology I	5	<input type="checkbox"/>
Dermatology II	5	<input type="checkbox"/>
Dermatology III	5	<input type="checkbox"/>
Dermatology IV	5	<input type="checkbox"/>
Dermatology V	5	<input type="checkbox"/>
Dermatology VI	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"/>
Feline Internal Medicine I	5	<input type="checkbox"/>
Feline Internal Medicine II	5	<input type="checkbox"/>
Feline Oncology	5	<input type="checkbox"/>
IM 1 Gastroenterology, Hepatology & Pancreas	5	<input type="checkbox"/>
IM 2 Nephrology & Endocrinology	5	<input type="checkbox"/>
IM 4 Haematology & Basic Oncology	5	<input type="checkbox"/>
IM 5 Infectious Diseases, Immunology & Basic Neurology	5	<input type="checkbox"/>
IM 6 Toxicology & Basic Emergency & Critical Care	5	<input type="checkbox"/>
Oncology I (mandatory before II-IV)	5	<input type="checkbox"/>
Oncology II	5	<input type="checkbox"/>
Oncology III	5	<input type="checkbox"/>
Oncology IV	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.

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: _____