



University of Stuttgart  
Germany

### THE STUDY DEAN

Faculty 5: Computer Science, Electrical  
Engineering and Inf.Tech.

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Agreed date:

\_\_\_\_\_

## Registration for consultation hours of the Chair of the Examination Board

**Please always bring the current "Notice of Examination Performance" from the  
Examination Office with you to the appointment!**

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Student ID number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
[Master / Bachelor](#) [EENG / ETIT](#)

Study program (delete as applicable)

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Major, i.e. your Area of specialization

Short description of the request: