## Wissenschaftsunterstützende Dienste

- Wahlamt –

Universität Passau • 94030 Passau



		From Phone Fax E-Mail	Michael Groß 0851 509 4109 0851 509 374109 wahlamt @uni-passau.de	
Postal Ballot Request Form				
I hereby request that the postal ballot documents for the 20 university elec- tion:				
☐ be handed out to me		$\Box$ be sent to me by pos	t	
Family name(s), given name(s), academic title				
Street and house number				
Postcode	Town/city			
I am eligible to vote as:	□ a student	□ a lecturer		
	Matriculation number	$\Box$ a member of acader	$\Box$ a member of academic or artistic staff	
		□ other staff member		
I am eligible to vote in e	lections fort he following	ng faculty:		
	□ Faculty of Law			
	Faculty of Business, Economics and Information Systems			
	□ Faculty of Arts and Humanities			
	Faculty of Computer Science and Mathematics			
	□ I am not affiliated wit	h any faculty		