APPLICATION TO REQUEST REGISTRATION ON SPACE AVAILABILITY  

UUP Contract Article 49

Today’s Date: ______________

Name_____________________

Last     First     MI

Student I.D # __________________________

Address: __________________________________ Union Member_____

Unit Where Employee at HSC-B: ____________________________

Title: ____________________________

College:  □ Nursing  □ CHRP  □ SPH  Other_____

Course Requested: ____________________________

Term: ____________________________

Applicants are expected to meet course prerequisites. Return this form to the appropriate office listed below in order to obtain approval from the registrar.

Nursing: Undergraduate Courses: Dean L. Escallier Room: EB 8-829

Graduate Courses: Dean L. Escallier Room: EB 8-819

CHRP: Director of Programs Dean A. Lewis Room: EB 7-716

Graduate Studies: Mr. Ed Throckmorton Room: BSB 3-314A

SPH: Mr. Daniel Ilyayev Room: PHAB 5-025

Approval: ____________________________ Date: ______________

This form is to be attached to the SUNY HSC-B Registration form