

**APPLICATION TO REQUEST REGISTRATION
ON SPACE AVAILABILITY. UUP Contract Article 49.**

Today's Date:_____

Name _____
Last
First
Middle

Student I.D. # _____

Address: _____

Unit Where Employed 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 Bailey
Room: EB 8-829

Graduate Courses: **Dean Sedhom**
Room: EB 8-819

CHRP: Director of Programs: Dean Morton-Rias
Room: EB 7-716

Graduate Studies: Mr. Ed Throckmorton
Room: BSB 3-3114A

SPH: Mr. Daniel Ilyayev
Room: B 4-316B

Approval: _____ **Date:** _____

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