APPLICATION TO REQUEST REGISTRATION
ON SPACE AVAILABILITY  UUP Contract Article 49
Date: ________________

Name_____________________________________________________________________________________________________

Last               First            MI  Student

I.D # ____________________________

Address: ___________________________________________________ Union Member________

___________________________________________________________________________________________________________

Unit Where Employee at HSC-B: ______________________________

Title: ________________________________

COLLEGE: ☐ NURSING          ☐ SCHOOL OF HEALTH PROFESSIONS

☐ SCHOOL OF PUBLIC HEALTH  ☐ Other___________

COURSE REQUESTED: ____________________________  CRN#: ____________

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 Lori A. Escallier
           Room: EB 8-829

           Graduate Courses:  Dean Lori A. Escallier
                                Room: EB 8-819

SHP:       Director of Programs  Dean Allen Lewis
           Room: EB 7-716

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

SPH:       Assistant Dean Marlene Camacho-Rivera
           Room: PHAB 4-015
           Francisco Colon – Assistant Director

Approval: __________________________________ Date: ____________

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

8-29-23