



**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:	<input type="checkbox"/> Nursing	<input type="checkbox"/> CHRP	<input type="checkbox"/> 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: _____
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This form is to be attached to the SUNY HSC-B Registration form