



**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: B 4-316B

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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