



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

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

Name \_\_\_\_\_  
Last First MI

Student I.D. # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Unit Where Employed 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 Lori A. Escallier  
Room: EB 8-829

Graduate Courses: Dean Lori A. Escallier  
Room: EB 8-829

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

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

SPH: Assistant Dean Marlene  
Camacho-Rivera: PHAB 4-015

Approval: _____	Date: _____
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This form is to be attached to the SUNY HSC-B Registration form