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**	**Interim Dean Brigette C. Desport** **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 Colón – Assistant Director**

Approval:_____Date:_____

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