



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: <input type="checkbox"/> NURSING	<input type="checkbox"/> SCHOOL OF HEALTH PROFESSIONS
<input type="checkbox"/> SCHOOL OF PUBLIC HEALTH	<input type="checkbox"/> 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

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