



**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
Francisco Colon - Assistant Director**

Approval: _____	Date: _____
-----------------	-------------

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