



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

Today's Date: _____

Name _____
Last First MI

Social Security # _____

Address: _____

Unit Where Employed at HSC-B: _____

Title: _____

College:	<input type="checkbox"/> Nursing	<input type="checkbox"/> CHRP	<input type="checkbox"/> GPPH	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 Bailey
Room: EB 8-829

Graduate Courses: Dean Sedhom
Room: EB 8-819

CHRP: Director of Programs: Dean Morton-Rias
Room: EB 7-716

Graduate Studies: Dean Throckmorton
Room: BSB 3-314

GPPH: Mr. Daniel Ilyayev
Room: B 4-316B

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

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