APPLICATION TO REQUEST REGISTRATION
ON SPACE AVAILABILITY  UUP Contract Article 49

Today’s Date: ______________

Name___________________________________   ________________________________   ____

Last     First      MI

Student I.D # __________________________________

Address: _____________________________________  Union Member____

______________________________________

Unit Where Employee at HSC-B: ___________________________________________

Title: _________________________________________________________________

College:  ☐Nursing    ☐CHRP    ☐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 L. Escallier
Room: EB 8-829

Graduate Courses:  Dean L. Escallier
Room: EB 8-819

CHRP:  Director of Programs  Dean A. Lewis
Room: EB 7-716

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

SPH:  Mr. Daniel Ilyayev
Room: PHAB 5-025

Approval: ________________________________  Date: ________________

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