

SUNY College of Agriculture and Technology at Morrisville

Application for Space Available Registration

Professional Services Negotiation Unit (UUP)

1. Applicant's Name _____

Applicant's Social Security Number _____

Employing Campus _____

Title _____ Department / Unit _____

Mailing Address _____

2. Course Information (Limit one course per semester)

Semester and Year of Study _____

Course Name and Catalog Number _____

Credit Hours _____ Tuition Cost _____

3. I hereby apply for permission to register for the course listed above on a Space Available basis. I meet all the course prerequisites and I understand that I am responsible for paying all fees other than tuition.

Signature of Applicant

Date

4. SUNY Morrisville Employees verification by Human Resources Office

Authorized Signature

Date

5. Verification of Eligibility (If other than SUNY Morrisville)

Signature of Personnel Officer

Date

Original: Business Office

Copy: Applicant

Copy: Human Resources