

The Sage Colleges Registration

Student Personal Data Form – Please complete to insure the accuracy of our records.

Failure to fully complete this form will result in a delay in your registration.

Any registration restrictions (Dean “hold,” Business Office “hold,” Admission “hold,” or other) must be cleared prior to registration

Last Name _____ First Name _____ M.I. _____

Address: No/Street _____ City _____ State _____ ZIP _____

Home Phone _____ Student ID # _____ (optional) County _____

Gender: _____ Male _____ Female Date of Birth _____ Maiden Name (If any): _____

Citizenship: _____ USA _____ Other

Ethnic Origin Code: (Optional, for statistical research only) (E) American Indian or Alaskan Native
 (F) Black, Non-Hispanic
 (G) Asian or Pacific Island
 (I) White, Non-Hispanic
 (J) Hispanic
 (Y) Non-resident Alien

Anticipated degree date: _____

In submitting this registration, I hereby acknowledge that I have read and understand the College’s tuition and fee policy.

_____ I am pursuing a degree or a certificate

_____ I am taking individual courses

_____ I am visiting from another college

_____ I am not seeking a degree or certificate from The Sage Colleges at this time and understand as a visiting student I am not eligible for a degree certificate, financial aid, or an advisor. If I do decide to matriculate, I will contact the Office of Admission and formalize my intent.

Employer _____ Title _____

Employer Address/City/State/Zip _____

Work Phone _____

Person to contact in case of emergency _____ Phone # _____

Payment Options

Please note: Your registration is incomplete until you have paid or arranged for payment of all financial obligations to Sage.

Check Attached. Tuition \$ _____ + Fees (if applicable) _____ = Total \$ _____

Other, please specify and attach documentation _____

I have applied for financial aid in the amount of: \$ _____

Student Signature _____ Date _____

Mail this form to:
Office of Student Services
The Sage Colleges
45 Ferry Street
Troy, NY 12180

The Sage Colleges
2009-2010 REGISTRATION FORM

STUDENT NAME: _____ **Student ID #:** _____

I ATTEND: _____ **RSC** _____ **SCA** _____ **SGS** _____ **SAW**

SUMMER 2009		SESSION I COURSE TITLE	CREDITS	STATUS
DEPT./NUMBER	SECTION			
SUMMER 2009		SESSION II COURSE TITLE	CREDITS	STATUS
DEPT./NUMBER	SECTION			
FALL 2009		COURSE TITLE	CREDITS	STATUS
DEPT./NUMBER	SECTION			
SPRING 2010		COURSE TITLE	CREDITS	STATUS
DEPT./NUMBER	SECTION			

I HAVE READ, UNDERSTAND AND ACCEPT COLLEGE POLICIES AND PROCEDURES REGARDING REGISTRATION, WITHDRAWAL AND ACCOUNT ADJUSTMENTS.

STUDENT SIGNATURE: _____

DATE

ADVISOR APPROVAL: _____

DATE

STUDENT SERVICES PROCESSED BY: _____ *DATE:* _____