

# Student Tuition Sponsorship Agreement

## The Sage Colleges

*This is not a registration form.*

This form must be submitted **prior to the billing due date or at the time of registration for each semester** to confirm eligibility.

[http://www.sage.edu/resources/student\\_services/student\\_accounts/emp\\_reimburse](http://www.sage.edu/resources/student_services/student_accounts/emp_reimburse)

Student Name \_\_\_\_\_ / \_\_\_\_\_  
(Please print clearly) Student ID Number

Address \_\_\_\_\_  
Street City State Zip

Telephone Number Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer/Sponsor Name \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip

Employer Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

I attend:  School of Professional and Continuing  Sage Graduate School

Sage College of Albany  Russell Sage College

Degree Program \_\_\_\_\_ Current semester/year applying for \_\_\_\_\_

**If qualified for the Employer Reimbursement Sponsorship it allows me to defer my payment to the college until 4 weeks after the end of the semester. I have read and agree with the conditions of the Sage's Employer Reimbursement benefits at the website above. I understand that I, the student, am responsible for paying the required deposit and I am ultimately responsible for the tuition and/or fees incurred by enrolling at The Sage Colleges.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Contact/Authorized Signature

\_\_\_\_\_  
Date

Please fax completed form to (518) 292-7701 or mail to  
The Sage Colleges, Student Services, 140 New Scotland Ave., Albany, NY 12208