

Businesses for a Better Sage

The Sage Colleges

This is not a registration form.

This form must be submitted prior to the end of the add/drop period each semester to confirm eligibility. To see if you qualify: <https://www.sage.edu/academics/student-accounts/>

Student Name _____ / _____
(Please print clearly) Student ID Number

Address _____
Street City State Zip

Telephone Number _____ / _____
Cell/home Work

School of Professional and Continuing Education _____
Degree Program

Sage Graduate School _____
Degree Program

Current semester/year _____

Employer/Sponsor Name _____

Employer Address _____
Street City State Zip

Employer Contact Name _____ Contact Phone _____

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. If qualified for the Health Alliance it allows me to defer my payment to the college until 4 weeks after the end of the semester and receive a 10% tuition discount. I have read and agree with the conditions of the Sage's Health Alliance Benefit at the website above and I understand that my financial aid eligibility may be impacted by this agreement.

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