

Student Health Alliance Agreement

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/academic-resources/student-accounts/health-alliance-agreement/>

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 Russell Sage College. If qualified for the Health Alliance it allows me to defer my payment to the college until four 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