



## Albany Medical Center Tuition Discount for Graduate Nursing Programs

Please note: 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 scan this QR code with your phone:



Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_  
*Home Cell Work*

**Degree Program (check one):**

M.S. in Nursing     Post-master's Certificate (one of four Nurse Practitioner tracks)

Current Semester/Year: \_\_\_\_\_

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

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

Employer Contact Name: \_\_\_\_\_

Employer 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 Albany Medical Center tuition discount for the graduate nursing programs (master's or post-master's certificates), it allows me to defer my payment to the college until 4 weeks after the end of the semester and receive a 30% tuition discount. I understand the conditions of participating in this program, and I also understand that my financial aid eligibility may be impacted by this agreement.

\_\_\_\_\_  
*Student Signature Date*

\_\_\_\_\_  
*Employer Contact/Authorized Signature Date*

Please scan and email your completed form to [studentaccounts@sage.edu](mailto:studentaccounts@sage.edu) or mail to Russell Sage College, Student Services, 140 New Scotland Ave., Albany, NY 12208