



Workforce Development Partnership

Please note: This is not a registration form.

This form for the Workforce Development Partnership (a merger of two programs previously known as Businesses for a Better Sage and the Health Alliance Agreement) must be submitted prior to the end of the add/drop period each semester to confirm eligibility. To confirm that you qualify, visit www.sage.edu/WDP

Name: _____

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Student ID Number: _____

Degree Program: _____

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 Workforce Development Partnership, 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 Russell Sage's Workforce Development Partnership outlined on the website noted above, and I 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 or mail to Russell Sage College, Student Services, 140 New Scotland Ave., Albany, NY 12208