

# SAGE

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## SENIOR ADULT GROWTH THROUGH EDUCATION

Name: \_\_\_\_\_  
Last First Middle

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

Day and Evening Phone: \_\_\_\_\_  
Day Evening

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Student ID #: \_\_\_\_\_



VALPARAISO  
UNIVERSITY

Contact in Case of Emergency: \_\_\_\_\_  
Name Phone #

**Please list previous education (include any degrees obtained):**

High School: \_\_\_\_\_

College(s): \_\_\_\_\_  
\_\_\_\_\_

**Describe how attending class will benefit you (e.g., personal enrichment, help prepare for travel)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to the following guidelines for participating in SAGE:**

- Remain an auditor unless specific arrangements for course participation are made with the instructor through this office.
- Participation is on space available basis. Charges will be refunded if space is not available.
- To conform to the standards of the University community.
- Attend only those classes for which I have registered.

**Initial Application Fee: \$30.00**

**Annual Parking Fees: \$90.00**

**General Fee each semester: \$65.00**

**\$60.00 per credit X \_\_\_\_\_ credit hours = \$ \_\_\_\_\_**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_