

COMPLETE THIS FORM WITH YOUR ADVISOR.

ATTACH A COPY OF YOUR SCHEDULE TO THIS SIGNED FORM AND RETURN BOTH DOCUMENTS PROMPTLY.

Student Name:	ID #:
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In general, the following guidelines apply:

1. **Students must be enrolled in an Associate Degree or Certificate Program to receive TIP Phase I funding.**
2. TIP Phase I will cover **up to 12 credits per semester** for courses that apply to the primary Associate Degree or Certificate program for up to full tuition.* (*Subject to State of Michigan Budget Approval*)
3. Students must enroll in at least 6 credits that count toward their Associate Degree or Certificate Program in order to use TIP funds for the semester. *Phase I funds will be limited to the "countable" courses.*
4. Repeated courses may be covered by TIP funding if allowed by Financial Aid policy regarding repeats.
5. Students may use Phase I funding for upper level (300/400) courses only if the course;
 - a. Is required for their Associate Degree or Certificate Program,
 - b. Meets a general education requirement that has not yet been met,
 - c. Can be counted as directed elective credit,
 - d. Works toward a Minor for an Associate Degree in Liberal Arts or General Studies.
6. ***If changes are made to the below course list, a new form must be submitted.***

(UPDATES TO YOUR DEGREE PLAN MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE PRIOR TO THE START OF THE SEMESTER)

Associate Degree or Certificate Program: _____ **Minor:** _____

Associate Degree or Certificate Program: _____ **Minor:** _____

EXP. Liberal Arts Associate Degree

Psychology

SEMESTER COURSE (Course Number & Name)	# of Credit Hours	IF COURSE COUNTS TOWARD Associate Degree or Certificate Program, list Y = # CREDITS	Is this a repeated course? (Y or N)	Is this a Substituted Course? (Y or N) If yes, include name of course for which it is substituting.
EXP. PSYC 101 - Intro. to Psych	4	Y/N	Y	N

Total Semester Enrolled Credits: _____ / _____ **Total # of Credits toward TIP Phase I Degree**

Advisor: I acknowledge that _____ (# of credits) listed above apply toward this student's declared Associate or Certificate degree program.

Signature (Advisor): _____ **Date:** _____

I UNDERSTAND THAT MY TIP PHASE I BENEFITS ARE LIMITED TO COURSES REQUIRED FOR THE ASSOCIATE/CERTIFICATE PROGRAMS. I AUTHORIZE LSSU TO PROVIDE A COPY OF THIS FORM TO THE STATE OF MICHIGAN TO ASCERTAIN THAT THE COURSES I HAVE SCHEDULED CAN BE PAID BY MY TIP BENEFITS.

Signature (Student): _____ **Date:** _____

For Internal use ONLY: Reviewed: _____ Scanned: _____ TIPPF/S/U - TP1

RETURN FORM TO: Lake Superior State University FLETCHER FIRST STOP 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2600
