

COMPLETE THIS FORM WITH YOUR ADVISOR.

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

<b>Student Name:</b> _____	<b>ID #:</b> _____
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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.
<i>EXP. PSYC 101 - Intro. to Psych</i>	<i>4</i>	<i>Y/N</i>	<i>Y</i>	<i>N</i>

**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 <b>ONLY</b> : Reviewed: _____ Scanned: _____ TIPPF/S/U - TP1
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<b>RETURN FORM TO:</b> Lake Superior State University FLETCHER FIRST STOP 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2600
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