

<b>Student Name:</b> _____	<b>ID #:</b> _____
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**Step 1:** Complete the student section below, sign and submit this form to your advisor as soon as you are enrolled in classes for the term indicated above.

**Step 2:** Your advisor will complete the form.

**Step 3:** Submit the form to the Financial Aid office.

**Please note:**

1. Students must be enrolled in an Associate Degree program to receive TIP Phase 1 funding.
2. TIP Phase 1 will cover up to 12 credits per semester for courses that apply to the primary Associate Degree program.
3. Students must enroll in at least 6 credits that go toward their associate degree in order to use TIP for the semester.
4. Repeated courses can only be covered by TIP if the class is required and a better grade is needed to earn the degree.
5. Students may use Phase 1 funding for upper level (300/400) courses only if the course: (1) is required for their Associates Degree Program or (2) meets a general education requirement that has not yet been met or (3) if it can be counted as directed elective credit.
- 6. If changes are made to the course list below, a new form must be submitted.**
7. If you have questions regarding TIP or this form, call Financial Aid at 906-635-2678 or email [finaid@lssu.edu](mailto:finaid@lssu.edu)

**(UPDATES TO YOUR DECLARED DEGREE 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: \_\_\_\_\_

<b>STUDENT</b> must complete this section:		<b>ADVISOR</b> must complete this section:			
Subject and Course Number (ex: ENGL 110)	# CREDIT HOURS	Does this apply to Assoc. degree? (Y or N)	Is this a repeated course? (Y or N)	Is this a directed elective? (Y or N)	Is this a substituted course? (Y or N) <b>If yes:</b> include which course it is substituting for
<b>Total Semester Credit Hours</b>		<b>Total Approved Credit Hours</b>			

**Student:** I understand that any TIP award amount may be reduced if less than 12 credits are approved by my advisor.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Advisor:** I acknowledge that the courses above apply toward this student's declared associate degree program(s) as indicated.

**ADVISOR NAME:** \_\_\_\_\_ **ADVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For Internal use <b>ONLY</b> : Reviewed: _____ Scanned: _____ TIPPF/S/U – TP1
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<b>RETURN FORM TO:</b> <b>Lake Superior State University</b> <b>Financial Aid Office</b> <b>650 West Easterday Avenue</b> <b>Sault Ste. Marie, MI 49783-1699</b>
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