

Student Name: _____	ID #: _____
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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

(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: _____

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STUDENT must complete this section:		ADVISOR 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) If yes: include which course it is substituting for
Total Semester Credit Hours		Total Approved Credit Hours			

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