



Student Name: _____

ID #: _____

Step 1: Complete the following form when you are registered for your semester courses

Step 2: Be sure to complete **all** applicable fields.

Step 3: Submit the form to the Financial Aid Office in person, or via a scanned document in email (finaid@lssu.edu)

BY COMPLETING THIS FORM, I ACKNOWLEDGE AND AM AWARE OF THE FOLLOWING:

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 their Associate Degree program. A student may utilize a maximum of 80 credits in total.
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 a student is taking a course with an approved substitution, they must complete a course substitution form with the Registrar's office.
7. Although an advisor signature is not required, it is strongly recommended that students discuss their degree needs with their advisor.
8. All listed courses will be checked with MyDegreePlan throughout the semester. If courses are found not to apply towards an Associate Degree program, your Phase 1 benefits may be adjusted which could result in owing money to the University. Forms may take 48-72 business hours to process.
9. **If changes are made to the course list below, a new form must be submitted.**
10. 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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Registered Courses:		Additional Information:			
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 Credits Towards Assoc Deg.			

Student: I understand that any TIP award amount may be reduced if less than 12 credits are approved after verification. I understand that it is my responsibility to turn in a TIP Course Review Form every semester I use Phase 1 benefits. I understand that if my benefits will not cover a course, I may be financially responsible for that course. I understand that these courses may be verified throughout the semester and if my schedule changes, I will need to submit another form to the financial aid office.

BY SIGNING THIS FORM, I HAVE READ AND UNDERSTAND THE ABOVE;

STUDENT SIGNATURE: _____ DATE: _____

For Internal use **ONLY**:

Reviewed: _____

Scanned: _____

TIPPF/S/U – TP1

RETURN FORM TO:**Lake Superior State University****Financial Aid Office****650 West Easterday Avenue****Sault Ste. Marie, MI 49783-1699**