



Michigan
Technological
University

APPLICATION
TUITION REDUCTION INCENTIVE PROGRAM (TRIP)
New Guidelines Effective January 1, 2020

SUMMER SEMESTER

Year: _____

Name: _____ M#: _____

Active Employee

Retiree (Contact Benefit Services for Eligibility)

Phone: _____ Employee's Department: _____

I certify that I am a benefits eligible employee and have read and understand the **NEW** TRIP benefit guidelines for eligibility, effective January 1, 2020. The dependent named below is my spouse, DEI or unmarried dependent child (under the age of 26). I understand that the benefit may be taxable. I agree to notify the Benefits Office immediately of any status change for myself or my dependent. I understand that if any TRIP benefits are paid after the dependent becomes ineligible, I will be liable to repay the University for benefits received.

Employee/Retiree Signature: _____ Date: _____

Student's Name: _____

Student M#: _____ Student's Date of Birth: _____

Phone: _____ Relationship to Employee: _____

Undergraduate

Graduate

Dual Enrolled – Letter from High School must accompany the TRIP application.

Please Check: If part-time, please indicate the number of credit hours on the line provided.

Full-time _____ Part-time _____

Student's Signature: _____ Date: _____

For Benefit Services and Cashiers Office Use Only
Copy of completed form to be sent to Student Financial Services Center

The Benefits office has certified that the dependent of the employee/retiree listed above is eligible to receive the TRIP Benefit for the Summer semester according to the new guidelines effective January 1, 2020.

TRIP benefit awarded at (one option must be checked): **50%** _____ **75%** _____

Benefits Office Signature: _____ Date: _____

TRIP Benefit: \$ _____ Academic Year _____

Financial Aid Signature: _____ Date: _____