



Michigan
Technological
University

APPLICATION
TUITION REDUCTION INCENTIVE PROGRAM (TRIP)

Spring 2020 Semester

Name: _____ M#: _____

Active Employee

Retiree (Contact Benefit Services for Eligibility)

Phone: _____ Employee's Department: _____

I certify that I have read and understand the TRIP benefit guidelines. The dependent named below is my spouse 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

Masters

PhD

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 Benefits 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 Spring 2020 semester.

Benefits Office Signature: _____ Date: _____

TRIP Benefit: \$ _____ for Spring 2020 Semester for 2019-2020 Academic Year

Financial Aid Signature: _____ Date: _____