

TUITION INCENTIVE PROGRAM (TIP) – PHASE 1 - CLASS REGISTRATION FORM

STUDENT NAME: _____ FSU ID# _____

SEMESTER: _____ PROGRAM: _____

Step 1: Complete the student section below, sign and submit this form to your advisor or Dean’s office as soon as you are enrolled in classes for the term indicated above.

Step 2: Your advisor or Dean’s Office will complete and submit this 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 231-591-2110 or email finaid@ferris.edu

STUDENT must complete this section:		ADVISOR must complete this section:			
Subject and Course Number (ex.: ENGL 150)	# CREDIT HOURS	Does this apply to Primary 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 / N) If yes: include which course it is substituting for
Total 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 primary associate degree program as indicated.

ADVISOR SIGNATURE: _____ DATE: _____