



**Michigan  
Technological  
University**

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

Academic Year: \_\_\_\_\_  Fall  Spring

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 indicated academic school year 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 \_\_\_\_\_  Fall  Spring

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_