



Great Lakes Colleges Association
 535 W. William, Suite 301 Ann Arbor, MI 48103
 734.661.2350 *telephone*

Tuition Remission Exchange (TRE)
APPLICATION FOR PARTICIPATION

Please complete form electronically, print, and give it to the TRE representative on your campus

Student Name: _____

E-mail Address: _____

Parent's Name: _____

Enrolling College: _____

Parent's Employer: _____

Academic Year of Enrollment: _____
 (e.g. 2024-25)

Home Address 1: _____

College Graduation Date: _____
 (Month/Year – mm/yyyy)

Home Address 2: _____

City, State, Zip: _____

Phone Number: _____

In which semester/ Quarters will student be enrolled this application year?	Fall Semester Winter Semester <u>Kalamazoo Only</u> Fall Quarter Winter Quarter Spring Quarter
--	--

I have read the *TRE Guidelines for Participants* and have reviewed them with my dependent.

Parent Signature: _____

Date: _____

Return this form to the designated GLCA Tuition Remission Exchange officer at the college where you are employed. Any change in your dependent's plans must also be communicated to the TRE officer as soon as you know about the change.

Sending College Office Use Only

This student is eligible to participate in the GLCA Tuition Remission Exchange program.

The TRE Fee is to be invoiced to:

Sending College

Student/Family

In order for the TRE benefit to be processed, copies of this form MUST be distributed to the following:

- 1) Enrolling Institutions (TRE Officer) 2) Parent's Employer College (TRE Officer) 3) GLCA Office**

TRE Officer Signature: _____

Date: _____