



Great Lakes Colleges Association

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734.661.2350 *telephone*
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Print Form

**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. 2023-24)

Address 1

College Graduation Date (Mo/Yr)

Address 2

City, State, Zip

Phone Number

In which semesters/quarters will student be enrolled this application year?

Fall Semester

Winter Semester

Fall Quarter (Kalamazoo Only)

Winter Quarter (Kalamazoo Only)

Spring Quarter (Kalamazoo Only)

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

Parent's 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 Participation Fee is to be invoiced to:

Sending College Student Employee/Parent

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

- 1. Enrolling Institution (TRE officer)**
- 2. Parent's Employer College (TRE officer)**
- 3. Parent/Student**
- 4. GLCA Office**

TRE Officer Signature _____ Date _____