

Great Lakes Colleges Association

535 W. William Street, Suite 301 Ann Arbor, MI 48103 734.661.2350

Tuition Remission Exchange (TRE)

STUDENT STATUS CHANGE FORM

Use this form to notify TRE Administrators of a change in your status that affects TRE. Send this form to the enrolling school, the parent's employing school, and the GLCA office.

Student Name:	Attending College:			
Parents Name:				
Parent Employer (College):				
Academic Year of Change (e.g. 2024-25): _				
Please withdraw this student from the TRE prog	gram for the following reason:			
Temporary Leave of Absence	Semester of Quarter of Leave			
Parent no longer employed at a particip	pating institution			
Student withdrawing from college				
Other (please specify reason)				
This student has been withdrawn from the G	ICA Tuition Domission Evolution Drogram			

is student has been withdrawn from the GLCA Tuition Remission Exchange Program.

Signature of TRE Official initiating notification		Institution	Institution		
Date		Initiated By:	Sending College	Receiving College	
In order for this change to be processed, copies of this form MUST be distributed to the following:					
1) GLCA Office	2) Enrolling (impor	t) Institution	3) Sending (export) Institu	tion 4) Student	