Concurrent Enrollment Agreement
Chadron State College

Name ____________________________ Student’s Identification (ID) Number ____________________________

Period of enrollment: ______ Fall 20____ ______ Spring 20____ ______ Summer 20____

CSC degree: ______ Bachelor of Arts ______ Bachelor of Science in Education
______ Bachelor of Science ______ Bachelor of Applied Science

Mid-Plains Community College ____________________________

Course(s): ____________________________ Course # ____________________________ Credit Hours ______

Course Name: ____________________________

By signing below, I understand the following:

• The classes above are required for my degree program at CSC
• I am receiving my financial aid from CSC
• I must maintain Satisfactory Academic Progress in accordance to CSC Financial Aid policy
• Following the completion of my MPCC course(s), I will provide an official MPCC transcript to CSC Record’s Office Failure to do so may result in a financial aid suspension.
• I give my permission to MPCC to release my final grades for the course(s) listed above to the CSC Financial Aid Office so that my Satisfactory Academic Progress may be measured at the end of this enrollment period.
• My financial aid award will be based on my enrollment status according to CSC enrollment policies
• My financial aid will be disbursed directly to my student account at CSC
• I am responsible for paying my tuition and fees at MPCC

Student Signature ____________________________ Date ____________________________

To be completed by the Mid-Plains Community College Financial Aid, 601 W. State Farm Road, North Platte, NE 69101

Tuition/fees $_________ Room/board $_________ Books/supplies $___________

Enrollment period: Begin date: ____________________________ End Date: ____________________________

I certify the above student is registered for _______ MPCC credit hours for this enrollment period. I also certify MPCC will not award financial aid for this enrollment period. MPCC will notify the CSC Financial Aid Office of any changes in enrollment status for the above student.

Signature of MPCC Financial Aid Official ____________________________ Date ____________________________

To be completed by CSC RECORDS Office:

I certify the above student is enrolled at CSC and is considered degree seeking. I also verify _______ MPCC credit hours for this enrollment period are required for the current degree program or are part of CSC academic requirements for enrollment at CSC.

Signature of CSC Record’s Office Official ____________________________ Date ____________________________

To be completed by CSC Financial Aid Office:

Fulltime ______ ¼ time ______ ½ time ______ <1/2 time ______

Signature of CSC START Financial Aid Official ____________________________ Date ____________________________

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