Concurrent Enrollment Agreement
Chadron State College

Name ___________________________ Student’s Identification (ID) Number ___________________________

Period of enrollment: (check one) _____Fall 20___ _____ Spring 20___ _____ Summer 20___

CSC degree: _____ Bachelor of Arts _____ Bachelor of Science in Education _____ Bachelor of Applied Science
_____ Bachelor of Science _____ Master of Arts in Education _____ Master of Education
_____ Master of Science in Organizational Management

<Name of Institution>

Course(s):

Course # Credit Hours Course Name

<Name of Institution>

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 __________________<Name of Institution> course(s), I will provide an official
____________________<Name of Institution> transcript to CSC Record’s Office. Failure to do so may result in a
financial aid suspension.
• I give my permission to __________________<Name of Institution> 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 __________________<Name of Institution>

Student Signature ___________________________ Date __________________

To be completed by: ___________________________ ___________________________ ___________________________
<Name of Institution> ___________________________ ___________________________ ___________________________
<address>, ___________________________ ___________________________ ___________________________
<City>, <State> <Zip>

Tuition/fees $ ________ Room/board $ ________ Books/supplies $ ________

Enrollment period: Begin date: _______________ End Date: _______________

I certify the above student is registered at __________________<Name of Institution> for ______ credit hours for this enrollment
period. I also certify __________________<Name of Institution> will not award financial aid for this enrollment period.

____________________<Name of Institution> will notify CSC Financial Aid Office of any changes in enrollment status for the above student.

Signature of ___________________________ <Name of Institution> Date __________________
Financial Aid Official

To be completed by CSC RECORD’S:

I certify the above student is enrolled at CSC and is considered degree seeking at CSC. I also verify ______ credit hours
from __________________<Name of Institution> 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 _____ ¾ time _____ ½ time _____ <1/2 time____

Signature of CSC START Financial Aid Official ___________________________ Date __________________